



THE
HEALTH OF HARLOW
IN THE YEAR
1964



THE HEALTH OF HARLOW in the year 1964

being the

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

Incorporating the Report of the Chief Public Health Inspector

I N D E X

Public Health Committee	7
Staff of the Public Health Department	8
Preface	9

SECTION A — Services provided by Harlow Urban District Council

Administration and personnel	12
Comments on vital statistics	13
Comments on communicable diseases	14
Problem families	16
Care of old people	16
Medical examination of Council staff	17
Health education	17
New legislation	18
Sanitary circumstances and inspections	
Water supply	19
Swimming pools	19
Sewerage	19
Housing	19
Offices and Shops	20
Food	20
Atmospheric pollution	22
Rodent and pest control	22

SECTION B — Services provided by the County Council of Essex

I — Services under Part III of the National Health Service Act, 1946

Harlow Health Area Sub-Committee	24
Staff of Area Health Office	24
Care of mothers and young children	25
Midwifery	26
Health visiting	26
Home nursing	26
Vaccination and immunization	26
Prevention of illness, care and after-care	27
Domestic help service	27

II — School Health Service — Education Act, 1944

School population	28
School medical inspections	28
Dental service	28
Child guidance service	28
Cleanliness surveys	28
Defective hearing	29
Enuresis clinic	29
Speech therapy	29
Prevention of tuberculosis	29
Orthopaedic and physiotherapy service	30
Recuperative holidays	30



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b2941040x>

SECTION C — Statistics

General data	32
Population	32
Births	32
Causes and place of still births	33
Still births according to place of booking and delivery	33
Premature infants	33
Deaths — general	34
Deaths by cause	35
Age and sex distribution of deaths	36
Causes of deaths of infants	37
Communicable diseases (other than tuberculosis)	38
Communicable diseases — tuberculosis	39
Mass radiography	39
Sanitary circumstances and inspections	
Water	41
Swimming and paddling pools	41
Sewerage	41
Housing	41
Food	42
Prevention of atmospheric pollution	47
Atmospheric conditions	47
Rodent control	47
Offices, Shops and Railway Premises Act, 1963	48
Factories	48
Summary of other work	49
County Council health services	
Child welfare clinics	50
Mothercraft and relaxation classes	50
Midwifery	50
District nursing	50
Health visiting	50
Chiropody	51
Domestic help	51
Immunizations (other than B.C.G.)	51
B.C.G. vaccination	51
Number of staff examined by assistant county medical officers	52
Appendix — Infectious hepatitis in Harlow.	53

PUBLIC HEALTH COMMITTEE

as on

31st December, 1964

Chairman :

Councillor R. J. WARD

Vice-Chairman :

Councillor R. J. MALSTER

Members :

Councillor Mrs. M. BACH

Councillor C. JACKSON

Councillor Mrs. A. J. GARNER

Councillor R. B. MORGAN

Councillor W. H. HEWETT

Councillor A. A. SEAR

Ex-Officio Members :

Councillor Mrs. S. ANDERSON, J.P.

Chairman of the Council

Councillor J. J. DAVIDSON

Vice-Chairman of the Council

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health :

I. ASH, M.D., D.P.H.*

Deputy Medical Officer of Health :

A. G. POULSEN-HANSEN, M.D., D.P.H., D.T.M. & H.†

Office : Town Hall, Harlow, Essex.

Telephone : Harlow 21031

<i>Chief Public Health Inspector:</i>	H. L. HUGHES, D.P.A., M.A.P.H.I., M.R.S.H. (1), (2), (3).
<i>Deputy Chief Public Health Inspector:</i>	S. A. EADE, M.A.P.H.I., M.R.S.H. (1), (2), (3), (4), (5).
<i>Public Health Inspector:</i>	W. WOOD, M.A.P.H.I. (2), (3), (6).
<i>Public Health Inspector:</i>	M. R. RUOCO, M.A.P.H.I., M.R.S.H., (1), (2), (3).
<i>Technical Assistant:</i>	P. A. BAILEY (from 31.8.64).
<i>Chief Clerk:</i>	Miss A. E. A. ROTHWELL
<i>Personal Administrative Assistant to Medical Officer of Health:</i>	Mrs. M. HARGREAVES
<i>Clerk/Typists (3)</i>	Miss S. BIGGADIKE Mrs. L. CREEDON (to 16.5.64) Mrs. J. V. GOODEY (from 1.6.64) Miss J. RODWELL (to 5.3.64) Miss L. A. TODD (from 4.8.64)

* Also Medical Officer of Health for Epping U.D.C. and Epping and Ongar R.D.C. and Area Medical Officer and Divisional School Medical Officer, Essex County Council.

† Also Deputy Medical Officer of Health for Epping U.D.C. and Epping and Ongar R.D.C. and Assistant County Medical Officer, Essex County Council.

- (1) Certificate of the Royal Society of Health and Public Health Inspectors Examination Joint Board.
- (2) Royal Society of Health (Meat and Other Foods) Certificate.
- (3) Diploma of the Royal Society of Health for Smoke Inspectors.
- (4) Certificate in Sanitary Science, Royal Society of Health.
- (5) Diploma in Hygiene, Royal Institute of Public Health and Hygiene.
- (6) Sanitary Inspectors' Certificate, Royal Sanitary Association of Scotland.

To the Chairman and Members of the Harlow Urban District Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is the tenth Annual Report which I have pleasure in presenting to you since taking up my appointment in February 1956. The first report, for 1955, dealt with matters over which I had no control and covered only nine months of the existence of Harlow as an independent local authority; it cannot therefore be used as a basis for comparisons. A full account of the changes in the state of health of the population and of the many and considerable improvements made in the health services administered by Harlow Urban District Council and the County Council will be given in the next Annual Report, which will span a whole decade of the life of the town.

After the outbreaks of typhoid fever and dysentery and the high incidence of certain other infectious diseases in 1963, the year under review was relatively uneventful. A scrutiny of the statistics will show that the residents of Harlow enjoyed good health. The birth rate declined further, probably because many families have all the children they want or can support, and the growing popularity of "the pill" has made family planning simple and reliable.

The birth rate, adjusted to take account of the age and sex distribution of the population, was for the first time lower than that in the country as a whole. The small percentage of illegitimate births, by comparison with the rate for England and Wales, is worthy of notice. There were relatively few wasted pregnancies (perinatal deaths) and the death rate at all ages remained at a very low level.

The Council's action in having a man suffering from tuberculosis compulsorily detained in hospital not only attracted wide publicity but brought to light some anomalies of the law which are mentioned in the appropriate chapter.

Section B of the report, describing the services administered by the County Council under Part III of the National Health Service Act, 1946, has been further extended to give a more complete picture of the health of Harlow. In order to avoid fragmentation, the chapters dealing with problem families and health education appear only in Section A of the report, although both the Harlow Council and the County Council are concerned with these services.

Before concluding this preface, I wish to express my gratitude for the loyal support given me by all the professional, administrative and clerical staff of both the Council's Public Health Department and the Area Health Office. Much of that which has been achieved during the year is due to their hard work and devotion to duty. I should also like to thank all others, particularly the general practitioners and consultants, who in one way or another helped me in my work throughout the year.

Finally, I must mention the residents of Harlow. In one of my previous reports, speaking of the functions of the Medical Officer of Health, I said that he was a community physician who stood in the same relationship to the whole community as a family doctor to its individual members. Both are subject to administrative control, though by different bodies, but their first loyalty must be to the people for whom they are responsible. Neither can hope to be successful in his work unless he has the confidence and co-operation of these people and always acts in their

best interest. Fortunately I have always enjoyed the trust of the great majority of the residents of Harlow and I am grateful to them for thus making my task easier.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours faithfully,

I. ASH, M.D., D.P.H.

Medical Officer of Health.

Town Hall,
Harlow, Essex.
August, 1965.

SECTION A — SERVICES PROVIDED BY HARLOW
URBAN DISTRICT COUNCIL

ADMINISTRATION AND PERSONNEL

The only significant change in the establishment was the appointment of Mr. P. A. Bailey to the newly created temporary post of technical assistant. This increase in the staff of the department was necessitated by the considerable amount of work connected with the duties under the Offices, Shops and Railway Premises Act, 1963, and with the survey of properties in Old Harlow prior to the making and implementing of a Smoke Control Order in that part of the district.

There were several changes in clerical personnel caused by resignations.

Some medical officers of health have recently voiced their concern that, because of the many meetings they have to attend and the mass of reports and other administrative work required of them, they have little time left for anything else—not even for thinking about the changes needed in the local authorities' health services to bring them up to date and make them suitable to face the challenge of the ever changing physical and social environment of the people.

The situation in Harlow is in this respect worse than in many other local authorities. During the year under review, the Medical Officer of Health, whose services are shared with Epping U.D.C. and Epping and Ongar R.D.C. and who is also Area Medical Officer/Divisional School Medical Officer for Essex County Council, attended the following meetings:

<i>Authority</i>	<i>During Evening Weekend Total office hours</i>			
Harlow U.D.C.	14	35		49
Epping U.D.C. and Epping and Ongar R.D.C.	5	20		25
Essex County Council	48	17		65
Non-statutory bodies	22	28	5	55
	—	—	—	—
Total:	89	100	5	199
	—	—	—	—

The above figures include staff meetings, appointment committees, chief officers' meetings and short conferences. They do not show the meetings attended by the Deputy Medical Officer of Health.

In 1964 there were 256 working days, of which the Medical Officer of Health took 20 as annual leave and eight to go to two major conferences. He was therefore in the office on 228 days and attended a meeting every 1.2 working days. Taking two hours as average time spent at each meeting and 38 hours as the normal local government working week, the evening meetings alone amounted to 200 hours, or over five weeks' overtime.

As in every year, a number of visitors came to study the administrative set-up or view the clinics in the town. They included Dr. Huygen from Holland, Dr. Medalie from Israel, Dr. Stampar and Dr. Curviga from Yugoslavia, Dr. Ramage, County Medical Officer of Staffordshire, and his Chairman, Dr. Rogers, two medical officers from the Ministry of Health and Local Government, Northern Ireland, two medical officers from the Royal Army Medical College, two general practitioners, three medical officers of health, two large parties of post-graduate students from the London School of Hygiene and Tropical Medicine and from the Royal Institute of Public Health and Hygiene, two under-graduate students from St. Thomas's Hospital, a party of student public health inspectors and two large parties of nurses and student nurses.

COMMENTS ON VITAL STATISTICS

Population

Between mid 1963 and mid 1964 the resident population of the town increased by only 2,400. This is the smallest annual increase yet, and for the first time a greater proportion of it was due to the excess of births over deaths than to inward migration. There is no doubt that the development of the town has further slowed down and, if it continues at this rate, the original target population of 80,000 will not be reached until about the year 1972.

Births

Despite a very slight increase in the number of live births the rate per 1,000 population declined by comparison with 1963. There was a ratio of 115.4 male births to 100 female births (England and Wales 106.2 to 100). The percentage of illegitimate births increased from 2.9 in 1963 to 3.5 in 1964 but is still less than half the rate for the whole country. There were fewer still births and their analysis by cause, parity of the mother, booking and place of confinement is shown on page 33.

Although the maternity ward of the Princess Alexandra Hospital was not yet in operation, more women were confined in hospital than in 1963. Eight hundred and fifty-nine births (56% of all births) were institutional and 711 (44% of all births) domiciliary—four outside Harlow. This compares with 50.2% hospital births (766 cases) in the previous year. The increase in institutional confinements could only be achieved by a greater turnover of cases i.e. by early discharge. In fact 327 women went home before the tenth day. This is 38.1% of all women confined in hospital as compared with 30.4% (233 cases) in 1963.

There were 89 premature infants (82 live and 7 still-born) compared with 104 such infants in 1963 (93 live and 11 still-born). A table showing their place of birth and mortality is on page 33.

On 1st January a scheme of notification of congenital malformations discovered at birth was started at the request of the Ministry of Health. Although everybody concerned, including the hospitals, was informed about it and asked to co-operate, only 19 notifications were received by the end of the year; ten from two hospitals and nine from domiciliary midwives.

Deaths

Only 16 more deaths were registered in 1964 than in the previous year and the death rate per 1,000 population remained very low.

The mean age at death was 58.0 years (median age 67.0 years). The difference between the average age at death of men and women was six years (mean males: 55.0 years, females, 61.0 years; median males: 63.7 years, females 70.3 years). Well over half (62.6%) of all deaths were at the two extremes of the age scale—8.4% under one year and 54.2% at 65 years and over.

An abridged table of the causes of death is on page 35.

It will be seen that ~~that~~ there was a further increase in the number of deaths from coronary disease; 17.9% of all deaths were due to this condition (15.9% in 1963). More people died as a result of accidents, other than motor vehicle accidents,

than in any of the previous years. An analysis of these deaths is given below:

<i>Age group</i>		<i>Sex</i>		<i>Cause</i>
0- 5	.....	1 male	.....	Electrocution
15-25	.....	2 males	.....	Not known
35-45	.....	1 male	.....	Severe burns
		1 female	.....	Barbiturate poisoning
55-65	.....	1 female	.....	Barbiturate poisoning
65-75	.....	1 female	.....	Knocked down by bicycle
75+	.....	1 female	.....	Drowning
		1 female	.....	Fall

Twenty-one infants died before reaching the age of one year and of these 15 (71.4%) died within the first seven days of life. As expected, the infant mortality rate was higher than the exceptionally low rate for 1963 but nevertheless remained considerably below the national level. Despite the increase in the early neonatal deaths, the perinatal mortality rate increased only very little because of the drop in the number of still births.

The place of death of the 251 persons of all ages who died during the year under review was as follows:

In hospital	161
At home	84
On the road	3
In ambulance	2
In the river	1

Forty-nine deaths were reported to the coroner by either a hospital (29) or a general practitioner (20). The reasons for this are given below:

<i>Reason</i>	<i>Reported by hospital</i>	<i>Reported by G.P.</i>
Sudden death	21	14
Accidental death	6	4
Suicide	2	2

COMMENTS ON COMMUNICABLE DISEASES

The year 1964 passed without any major outbreaks of infectious diseases. As may be seen from the table on page 38, the incidence of the common childhood fevers was relatively low. However, infectious hepatitis showed an increase from 33 cases in 1963 to 88 cases in the year under review. This disease is not generally notifiable throughout the country but it is so in this area under the Jaundice Regulations, 1943. For many years now, copies of all notifications have been sent to the Ministry of Health but there they are presumably simply filed away since neither the Medical Officer of Health nor the notifying doctors have ever been asked to make any further enquiries. This seems to be a waste of potentially useful information and it was therefore decided to carry out a survey of infectious hepatitis in Harlow in order to determine whether its pattern differed in any way from that observed elsewhere where the disease is notifiable. All general practitioners were reminded by circular of the fact that they should report cases of infectious hepatitis, and on receipt of a notification an enquiry form was sent to the doctor concerned asking for further details about the patient. Health visitors helped with the follow-up of cases.

A summary of the survey is appended at the end of this report.

The large epidemic of typhoid fever in Aberdeen showed that the lessons of

three recent similar outbreaks in other parts of the United Kingdom had not been learned. The Medical Officer of Health of Harlow was invited to give both written and oral evidence to the Committee of Enquiry into the Aberdeen Typhoid Outbreak. Its report, published in December, contained a recommendation that "there should be prepared in consultation with the trade a code of practice on the hygienic handling of cold cooked meats in retail establishments." It is worth noting that such code of practice has been in existence in Harlow since 1960.

Seventeen food handlers suffering from dysentery were excluded from work. In appropriate cases the Council paid compensation for loss of earnings.

Tuberculosis

Forty-seven new cases of tuberculosis (42 respiratory, 5 other) were added to the register in 1964. This number and the incidence rate per thousand population may appear somewhat high but it is partly due to the fact that 14 cases, which otherwise would have probably come to light over a period of two to three years, were discovered by the Mass Radiography Unit which visited the town in April and May. As usual, the appeal to the population to avail themselves of the chest X-ray facilities had a good response and over 14,500 persons were examined. The results which were kindly supplied by the Medical Director of the Unit are summarised on page 39.

The case of a 27-year-old man suffering from open pulmonary tuberculosis is of some interest. The patient's condition was first diagnosed in 1956 at the Chest Clinic of one of the London boroughs. His sputum was then found to be positive and he was advised to enter hospital. This he refused to do and soon afterwards the Chest Clinic lost knowledge of his whereabouts.

In January 1964 he turned up at the Harlow Chest Clinic complaining of having coughed up blood and feeling generally ill. X-rays showed extensive tubercular lesions affecting both lungs, and a sputum examination was positive for tubercle bacilli. Despite these findings the man again refused hospital treatment which in his case was thought to be essential because he could not be relied upon to remain in home isolation and to refrain from close contact with a large number of people. Repeated efforts by the Chest Physician, the patient's own doctor, the Medical Officer of Health and Deputy Medical Officer of Health to make reason prevail were unsuccessful, and the Chest Physician had no alternative but to ask the Medical Officer of Health to secure the removal of the man to hospital under Section 172 of the Public Health Act, 1936.

In cases of this nature speed of action is important and it was therefore fortunate that the Council's Public Health Committee had a meeting on 5th February when, after hearing the details of the case and of their powers and obligations under the above mentioned section of the Public Health Act, they authorised an application to the Court for the removal to hospital of the person concerned. A Court Order was obtained a few days later, but in making it the magistrates directed the Council to contribute the sum of £15 per week towards the maintenance of the patient's dependents. (This sum was reduced to £10 per week after three months when the Court extended the original order for a further period of time). It was within the jurisdiction of the Court to make the maintenance order, and the Council's Public Health Committee had been told about this possibility. Nevertheless it brought to light some anomalies of the law. Although the notification of tuberculosis is required under the Public Health (Tuberculosis) Regulations, 1952, it is not a "notifiable disease" within the meaning of Section 343 of the Public Health Act, 1936. Therefore, Section 169 of the same Act, which enables the removal to hospital of persons suffering from a "notifiable disease" without contribution towards the maintenance of dependents, does not apply to tuberculosis. Furthermore, Section 172 opens the door to abuses. The over-

whelming majority of people suffering from tuberculosis of a contagious nature enter hospital voluntarily in their own interest and that of the community. They can only count on help through National Insurance or National Assistance benefits. However, some persons may refuse hospitalization in the hope that their local authority will apply for an order under Section 172 of the Public Health Act, 1936 and the Court will direct the payment of a maintenance grant.

Harlow Urban District Council have asked the Member of Parliament for their division to press the Minister of Health for an amendment of the relevant legislation, and Essex County Council, who agreed to pay half of the contribution ordered by the Court, have made similar representations through the County Councils Association.

The work of the tuberculosis visitor and measures for the detection and prevention of tuberculosis in school children are described in Section B of this report.

At the end of the year 88 persons, most of them suffering from pulmonary tuberculosis and a few from other chest conditions, were supplied with free milk.

PROBLEM FAMILIES

From March onwards the Committee for the Co-ordination of the Prevention of Break-up of Families met once a month. In order to better assess progress made with the rehabilitation of families, a points system was devised to express in numbers the lack of basic social factors. The Superintendent Health Visitor was charged with the task of translating information received from the various social workers into points. Those families who had above a certain number of points were classed as hard core problem families. A decrease in the original number of points indicated improvement.

Eight cases were carried forward from 1963 and 15 new ones came to the attention of the Committee during the year under review. Despite the efforts of various social agencies, one family broke up through the desertion of the wife; the children were taken into care. Another family was rehoused and conditions improved to such an extent that it no longer required supervision. Both these cases were closed.

CARE OF OLD PEOPLE

The Meals on Wheels service, started in September 1963 by the W.V.S. with financial aid from the Council, was expanded during the year under review. The number of meals served was 2,903 and would have been greater but for the difficulty in finding volunteers to transport them from the kitchen to the recipients. Many old people were given assistance by the domestic help service whose members bought and cooked food for those who were not in a condition to do so themselves. Altogether the service provided some 2,300 hours of help to people over 65 years old. For those elderly people who were not homebound, two luncheon clubs were formed; these too were subsidised by the Council. They offered not only simple and nutritious food but also an opportunity for the old people to meet and thus relieve their loneliness. In the course of the year, the Northbrooks Old Timers' Luncheon Club served 1,894 meals and the Tye Green Old People's Luncheon Club 947 meals.

Two hundred and forty-nine old age pensioners spent the first week in June on holiday in Margate. As in the previous year, each person's contribution was only £1 all inclusive and the Council paid the balance. The party travelled in coaches and were escorted by members of the British Red Cross and St. John Ambulance Brigade. Civil Defence Volunteers helped with the luggage. All arrangements for the holiday were made by the Public Health Department. A courier

was engaged to stay with the old people in Margate and reported daily to the office by telephone.

In December the Council appointed a voluntary warden in the Jerounds area on an experimental basis. She was allotted a Council house at a normal rent and received a small expense allowance. The warden is expected to make herself known to all persons over 65 in the area and to maintain a register. The extent of contact with the old people is at the discretion of the warden, who is required to have knowledge of the statutory and voluntary services available and to give practical assistance on limited occasions—e.g. shopping or lighting fires in exceptionally bad weather where an old person has no one to give this help.

One hundred and seventy-seven persons over the age of 65 years received chiropody treatment under the County Council scheme.

MEDICAL EXAMINATION OF COUNCIL STAFF

One hundred and twenty-seven persons were medically examined in connexion with their employment by the Harlow Council. Of these, 106 were found to be fit and were unreservedly recommended for admission to the superannuation/sick pay scheme. Nine persons had minor health defects which would not prevent them from carrying out the duties connected with their employment. The decision in three cases was deferred and in two of them the persons concerned were ultimately found acceptable for the superannuation/sick pay scheme.

Thirteen persons were medically examined on behalf of other authorities and nine were examined elsewhere at the request of Harlow Council.

HEALTH EDUCATION

A great deal of health education was carried out during the year by the staff of both the Public Health Department and the Harlow Health Area. More could have been done had there been an officer whose principal duty was to co-ordinate all effort, plan programmes and maintain contact with established groups in the community. Many major local authorities have been employing health education officers for this purpose for a number of years and it is expected that many others, including Harlow, will follow suit as a result of recommendations made by The Joint Committee of the Central and Scottish Health Services Councils under the chairmanship of Lord Cohen of Birkenhead.

The very successful courses in food hygiene, first started in 1961, were again held towards the end of the year under review. An elementary course extending over two evenings was attended by 104 persons. The advanced course, intended for food handlers working in a supervisory capacity, followed the syllabus of the Royal Institute of Public Health and Hygiene. Ten evening sessions were devoted to lectures, demonstrations and film shows given by the staff of the Public Health Department, a Harlow general practitioner and visiting specialists in bacteriology, infectious diseases and meat inspection. Sixty-five persons enrolled for this course, but only 18 sat the examination and 15 passed it and were awarded the Certificate in Food Hygiene and the Handling of Food of the Royal Institute of Public Health and Hygiene. Both courses were organized by the Public Health Department and held at the Harlow Technical College. In order to attract as many food handlers as possible the Council paid the tuition fees of the students.

The public health inspectors continued with health education not only on an individual basis in the course of their inspections but also by way of formal lectures. These, apart from the course in food hygiene already mentioned, numbered 19 and were given to domestic science classes in secondary schools and in the Technical College, to the Consumer Association and to various women's

organizations.

On the County Council side the Superintendent Health Visitor, in addition to her other duties, helped to organize many of the health education activities.

An interesting experiment was the introduction of dental health education into mothercraft classes. This was done with the assistance of the County Chief Dental Officer and was extremely well received.

Health education for expectant mothers and fathers was expanded and a number of evening sessions were organized at which health visitors and midwives introduced a film and answered questions which followed its showing.

Suitable talks and film shows were also given in schools to pupils and parent/teacher associations and to women's, youth and other organizations in the town. Altogether 36 health education sessions were held at which 33 films were shown.

The Mobile Unit of the Central Council for Health Education on "Smoking and Health" came to Harlow in June and visited seven schools. Dental health education weeks for children of selected schools were continued under the auspices of the Ministry of Health by the staff of the County Health Department.

NEW LEGISLATION

The following legislation having bearing on public health was enacted during the year reviewed in this report:

Housing Act, 1964.

Protection from Eviction Act, 1964.

In addition a number of regulations were made under existing Acts:

The Meat (Treatment) Regulations, 1964.

The Soft Drinks Regulations, 1964.

The Dried Milk Regulations, 1964.

The Mineral Hydrocarbons in Food Regulations, 1964.

The Children's Nightdresses Regulations, 1964.

Two Acts and one Regulation are of particular interest and importance.

The new Housing Act now gives local authorities the power to compel property owners to carry out improvements to dwellings with a view to providing standard amenities. This action can be taken at the request of the tenant or, where there are a number of sub-standard dwellings grouped together, the local authority may take the initiative and declare the area to be an improvement area. The Act also contains special provisions for the improvement of tenement blocks.

The Protection from Eviction Act makes it unlawful for the owner of a dwelling to take possession of the premises without an order of the court or to withhold from the tenant any services or furniture which were available to him prior to the passing of the Act. Although the effect of this legislation will be minimal in Harlow, it is nevertheless of great importance elsewhere where it may reduce the number of homeless families and the physical, mental and social strain to which they are subjected.

The Children's Nightdresses Regulations require that only fabrics of low flammability should be used for children's nightdresses sold to the public. Although this may save some lives and limbs in cases where parents buy ready-made garments, there is nothing to prevent a mother from purchasing highly inflammable material and making from it a nightdress for her child. Here health education may achieve results which the law cannot do.

SANITARY CIRCUMSTANCES AND INSPECTIONS

The Report of the Chief Public Health Inspector

Water Supply

Water is supplied to the whole of the urban district by the Lee Valley Water Company, and as the town grows in size the total quantity increases each year, although the consumption per head per day remains fairly static.

Routine sampling of the water is carried out regularly by both the company and inspectors from the Public Health Department. It is only by such constant regular testing that the safety of the public water supply is assured. All the samples taken throughout the district were satisfactory. The few complaints received during the year were about abnormal taste but none of them was substantiated on investigation.

No complaint was received in connexion with the four privately owned shallow wells.

Swimming Pools

There are now nine swimming pools and three paddling pools in the district. Although this provision is adequate for Harlow and compares favourably with many other towns of similar size, it is by no means excessive, bearing in mind the number of children living here.

During the year the Council's new paddling pool in the town park came into use. The system of filtration and chlorination ensures a high standard of purity of the water.

Regular inspections were carried out at all swimming and paddling pools, including those operated by schools, and samples of water were taken to check that the chlorination and filtration plants were being properly managed and that the water was bacteriologically safe.

Sewerage

The sewerage system is of modern construction and adequate. All sewage, including that from several towns across the border in Hertfordshire, is treated at Rye Meads Sewage Purification Works, a large up-to-date and technically highly efficient installation. The effluent reaches a very good standard of purity, as indeed it should because in dry weather conditions it constitutes a substantial part of the flow of the river Lee into which it is discharged.

Housing

The year 1964 has seen the demolition by the Development Corporation of many of the remaining bad houses in the district. The sub-standard houses opposite the town railway station have now gone, and condemned properties in Fore Street have also been pulled down in preparation for the redevelopment scheme which the Development Corporation have prepared for Old Harlow.

Some one hundred or so dwellings in the district still remain without adequate amenities such as a fixed bath, inside water closet and hot water. The Housing Act, 1964, now allows local authorities to compel owners to carry out improvement of old properties provided the sitting tenants agree to it. At the close of the year the Council were considering the application of these powers to some parts of Old Harlow.

The total number of applications for improvement grant approved by the Council was 18, one more than in the previous year.

Reference must be made to the modernization of Council properties. Harlow U.D.C. own 1,057 houses and 280 of these are pre-war dwellings varying in age

and standard of amenities. In 1959 the Engineer and Surveyor was instructed by the Council to prepare a comprehensive modernization programme and he produced a scheme for improving all pre-war houses at a total cost of approximately £100,000. The intention was to provide essential amenities, including a bath, inside water closet, wash-hand-basin, hot water supply, ventilated food store and fuel storage bunker in every dwelling. The work was to have been carried out over three years starting in 1960, but, as the scheme progressed, it was decided to add to it a complete overhaul of the kitchens and electrical wiring with the provision of more power and lighting points. This extension of the programme as well as administrative difficulties caused some delay, but by the end of 1964, with 250 dwellings improved, the scheme was virtually completed.

Shops, Offices and Factories

The Offices, Shops and Railway Premises Act was passed by Parliament in 1963 and in the words of its preamble was intended to “make fresh provision for securing the health, safety and welfare of the persons employed in offices, shops and certain railway premises”. It is a large and comprehensive piece of legislation and 1964 was noteworthy as the year in which most of the sections of the Act came into effect. Regulations under the Act covering sanitary accommodation, washing facilities, dangerous machinery, first aid equipment and the provision of information for employees are scheduled to be enforced gradually over the next year or so.

At the end of the year 392 premises with 4,019 employees were registered with the local authority in compliance with the requirements of the Act. A technical assistant was appointed to help the public health inspectors with the survey of these premises which began in the latter part of the year. From the results of inspections made so far it is clear that conditions in the offices are generally satisfactory. The same cannot be said about the small shops in the neighbourhood sub-centres where there is gross overcrowding because, due to lack of proper storage space, too many goods are kept on the premises.

The commonest defects found were insufficient heating, failure to provide thermometers, failure to keep first aid kits, inadequate ventilation and bad state of decoration. One defect discovered, not apparently foreseen by the legislators, is that large modern buildings with extensive areas of glass become hot in the sunshine of summer months and make working conditions for the staff very uncomfortable unless venetian blinds or some similar protection is provided.

Food

General

Routine inspections of all types of food premises continued throughout the year. It will be seen from the figures in Section C that 1,574 visits were paid for this purpose. Minor infringements of the Food Hygiene Regulations were continually discovered and most were dealt with at the time of the inspector's visit as part of the educational aspect of his work. One shopkeeper, however, was prosecuted for multiple and major defaults of cleanliness under the Regulations and was fined a total of £29. Constant vigilance is required by both the management of shops and the local authority's inspectors if high standards of hygiene in food premises are to be maintained.

In spite of frequent exhortations to shopkeepers to check perishable stocks daily and to code all incoming goods so that their age in the shops is known, many complaints about food were received during the year. The Public Health Committee persisted in their refusal to tolerate the sale of food which is mouldy, out of condition or contains some foreign body, and 18 complaints culminated in proceedings at the local Court. In nearly all these cases the food concerned was grossly over-

age and there had been negligence on the part of the shopkeepers. This figure, however, represents only part of the complaints received at the department; some were unjustified whilst others could not be substantiated to the extent required for legal proceedings.

On the recommendation of the Public Health Committee the Council resolved that no stalls in the market be let for the sale of open foodstuffs and that even cakes and sweets be wrapped. Excluded from this ruling were fruit and vegetables and also dried fish and shell fish, although the latter two were required to be completely covered and protected against wind-blown dust and contamination. This has resulted in an improved standard of hygiene in the market. One intractable problem remains: the common practice of placing fruit and vegetables at ground level where they can be fouled by dogs. Constant remonstrating with the stall holders on this point produces but short-lived improvements. Only refusal by the customer to buy from a stall where he sees such foods standing on the ground can be really effective.

An incident which occurred during the year illustrates how potentially dangerous food still slips into this country. A large local store called in the public health inspector when they found that a batch of tinned meat from a Mediterranean country showed signs of "blowing". The inspector examined the stock and detained it whilst examination of a representative selection of tins was carried out at the Public Health Laboratory. The report indicated the presence of bacterial growth due to inadequate heat treatment at the time of manufacture in the country of origin. Total rejection of the goods was demanded by this department. The multiple store concerned thereupon traced and destroyed all stocks of the consignment which consisted of many thousands of tins. Further shipments from the factory were refused.

The difficulties of ensuring that all food imported into this country comes from manufacturers having the highest standard of hygiene and technical knowledge are considerable. Improved measures to check such food are overdue and, unless introduced fairly soon, further outbreaks of disease from this source may continue to occur.

Analysis of Food and Drugs

In April 1964 the Harlow Urban District Council became a food and drugs authority under the Food & Drugs Act, 1955, by virtue of having had a population of over 40,000 at the last census. This means that in addition to its existing powers under the Act the Council is now responsible for the sampling of food and drugs. A public analyst has therefore been appointed and samples are regularly submitted to him for examination. In Section C of this report are listed items analysed in 1964, together with details of the unsatisfactory samples. Generally speaking there is nowadays seldom any deliberate intention to defraud the public by adulterating food. Four of the five unsatisfactory samples were submitted to analysis as a result of complaints from the public and such contamination as was found was accidental.

Milk

All the milk supplied to the area is heat treated. Sampling throughout the district confirmed that this treatment was properly carried out and that the milk contained the legal requisite quantity of fat and non fatty solids.

Ice Cream

The number of unsatisfactory samples of ice cream, mainly of the soft variety, increased in 1964. The trend of recent years has therefore continued. It should be made clear, however, that an unsatisfactory laboratory result does not mean

that the product is dangerous and will necessarily cause illness in the consumer. What it does mean is that the sample contains an excessive quantity of bacteria and in this respect does not comply with the provisional standard laid down by the Ministry. These bacteria are not necessarily harmful and the result of the test is therefore only a guide to and not a measure of the safety of the product.

The Council are still far from satisfied with the lack of definite legal standards applicable to ice cream and with the powers available to them to enforce food hygiene among ice cream distributors, particularly vehicle salesmen of soft ice cream. Further representations were made to both the Ministry of Health and the Urban District Councils Association on this matter. The fact that no large outbreak of illness has been caused by ice cream in recent years ought not to prevent the enforcement of the highest standards of safety.

Atmospheric Pollution

In November 1964 Harlow Smoke Control Order No. 4 covering the Potter Street, Brays Grove, Tye Green and Latton Bush neighbourhoods came into operation and so completed smoke control in the whole of the new town.

Also in November, the Council made Order No. 5 for Old Harlow and submitted it to the Minister for confirmation. An advisory centre displaying various types of smokeless fuel appliances was opened in the High Street, Old Harlow, for a fortnight and was well attended by householders affected by the Order.

During the year a dispute arose with the Essex County Council over the proposed height of a school chimney. It terminated with the County Council refusing to submit to Harlow U.D.C. any further proposals under Section 10 of the Clean Air Act which controls the height of chimneys. They can do so quite legally since they are not required to obtain bye-law approval for their plans. Nevertheless it causes an anomalous situation inasmuch as the County Council can now erect chimneys which are lower than those permitted for commercial buildings having boilers of a similar type and output. The Public Health Committee protested strongly to the Ministry of Housing and Local Government that this situation was wrong in principle since refusal by a local authority to accept a standard legally required of others could only bring local government into disrepute.

Industrial chimneys throughout the district were kept under regular surveillance with a view to ensuring the minimum of dark smoke. Some is, of course, occasionally inevitable, but regulations made under the Clean Air Act strictly limit the period of time during which such smoke may be emitted to a matter of a few minutes. Minor infringements of the regulations controlling industrial smoke were observed during the year and brought to the attention of the firms responsible, but by and large factories in the town maintain a high standard of efficiency and conscientiously avoid infringements of the Clean Air Act.

Rodent and Pest Control

The Council maintain a pest eradication service on a fee paying basis for commercial and business premises, and a free service for domestic premises. Although a steady stream of information and complaints from the public reached the office, their number was in no way excessive. The rodent infestation in the town was mainly of minor surface nature and there was no sign of the extensive infestation of the sewers which is an inevitable occurrence in the older towns.

SECTION B — SERVICES PROVIDED BY THE
COUNTY COUNCIL OF ESSEX

I — SERVICES UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

Most of the County health services under the National Health Service Act, 1946, were delegated to the Harlow Health Area Sub-Committee whose membership on 31st December 1964 was as follows :

Representing Harlow Urban District Council	.....	.....	.....	.....	Councillor R. J. Ward (Chairman)
					Councillor W. G. Arnott
					Councillor Mrs M. Bach
					Councillor E. A. Deady
					Councillor Mrs A. S. Garner
					Councillor W. F. Hewett
					Councillor C. Jackson
					Councillor R. J. Malster
					Councillor R. B. Morgan
					Councillor A. A. Sear
					Councillor F. H. Stapleton
					(one vacancy)
Representing Essex County Council					Alderman K. E. B. Glenney, O.B.E., J.P.
					(<i>ex-officio</i>)
					Alderman Mrs. S. M. Bovill (<i>ex-officio</i>)
					Alderman A. E. Brown, J.P.
					Councillor W. Fisher
					Councillor Mrs. W. L. Walton
					Councillor F. A. Wortley
					(one vacancy)
Representing Harlow Group Hospital Management Committee	.....	.....			Mrs. U. K. Nimmo, J.P.
Representing National Health Service Executive Council for Essex	.....				Mrs. A. M. M. Burrell
Representing Local Medical Committee for Essex	.....	.....	.....	.....	Dr. J. C. Busby
Representing Local Voluntary Organizations	.....	.....	.....	.....	Dr. H. E. Bach

The senior staff of the Area Health Office, who also deal with the school health service, was as follows :—

Area Medical Officer/Divisional School Medical Officer	.....	.....	.....	I. Ash, M.D., D.P.H. (part-time)
Assistant County Medical Officers	.....			Mary Shaw, M.R.C.S., L.R.C.P. (whole-time)
				Susan Airey, M.B., Ch.B., (part-time)
				A. G. Poulsen-Hansen, M.D.,
				D.P.H., D.T.M. & H. (part-time)
Area Dental Officer	.....	.....	.....	P. G. Arnold (from 9.9.64) (part-time)
Dental Officers	.....	.....	.....	M. Ashar
				F. Summers (to 31.8.64)
				A. V. Chambers (from 4.3.64) (part-time)
Senior Administrative Assistant	.....			A. J. Day
Superintendent Health Visitor / School Nurse	.....	.....	.....	Mrs. M. A. Reading
Non-Medical Supervisor of Midwives and Superintendent of District Nurses				Miss E. Bergin
Domestic Help Organizer	.....	.....		Mrs. B. Oliver

Care of Mothers and Young Children (Section 22)

In November the Lister House clinic was transferred from its temporary address at 16 Kingsland to the new purpose-built group practice and clinic centre at Staple Tye. The completed building constitutes only the first stage of the project which will cater for a population of some 24,000. Two child welfare sessions a week, instead of one as previously, were started in the new premises.

General practitioners continued to be employed on a sessional basis to attend all child welfare clinics except in Old Harlow where an assistant county medical officer visited once a month. The clinic there is held in rather unsuitable hired premises, and negotiations have started with the County Council, the Nuffield Provincial Hospital Trust, general practitioners and dentists with a view to providing in Old Harlow a group practice and clinic centre on the same lines as the centres in the new part of the town.

The number of child welfare sessions held during the year was 588; to this must be added 170 health visitors' consultative sessions not attended by a doctor.

The table on page 50 shows the number of first visits to a child welfare clinic by year of birth of the child as well as the total of attendances. It will be seen that the latter numbered 29,499, an increase of 3,068 over the figure for 1963. It is very remarkable that whilst the live births in 1964 were 1551, no fewer than 1550 infants born in that year attended a child welfare clinic for the first time. All clinics were well patronised with an average of over 45 children per session; in some this average was higher. Particular concern was felt about the conditions at Keats House where the premises are far too small and the average attendance was 78 per session. Plans have been drawn up to extend the building but its owners, the Nuffield Provincial Hospital Trust, have not yet agreed to this. Even with more room available, the number of children per session is far too large to do good child welfare work. Unfortunately, there is no immediate remedy to this situation because the available doctors' and health visitors' time is limited.

The supervision of children under five years old cared for during the day in nurseries or by child minders was continued and further strengthened. There were nine premises registered as day nurseries for the reception of up to a total of 233 children. Most of them were in fact play groups where children were kept two and a half to three hours in the morning only. At 31st December only 186 toddlers attended these groups. In addition to day nurseries/play groups seven persons were registered as child minders for a total of 30 children including their own. At the end of the year they minded 25 children of which 17 were their own.

General practitioners are responsible for the ante- and post-natal care of their own patients. They see them in the County Council clinics where help provided by midwives and health visitors is available. In the year reviewed, midwives attended 740 clinic sessions held by general practitioners and they themselves held another 430 sessions.

Health visitors continued to teach mothercraft but handed over relaxation classes to the midwives. The number of persons attending mothercraft and relaxation classes is shown on page 50. Many film shows were arranged for expectant mothers and fathers (see Health Education page 17).

Two mothers and five children were sent for a recuperative holiday from which they benefited very much.

Dental treatment of priority groups outside the school health service was limited by the shortage of dentists. Only 11 expectant or nursing mothers

were examined and treated; this involved 19 attendances. Similarly 45 out of 47 children seen under the age of five years received treatment requiring 60 attendances.

Midwifery (Section 23)

Despite the nation-wide shortage of midwives, the staffing position in Harlow remained satisfactory with 13 full-time midwives and one part-time employed at the end of the year. Six midwives were approved as teachers and supervised pupils, 13 of whom completed district training during 1964.

Fewer women were delivered at home than in the previous year but the number of early discharges from hospital increased, and the domiciliary midwives had to take charge of mothers and their babies until the tenth day after confinement. For statistics see page 50.

The analysis of perinatal deaths indicates that the selection of cases for either hospital or home confinement was generally very good.

Health Visiting (Section 24)

At the end of the year there were 12 health visitors. One of them acted as Group Adviser and gave a good deal of help to the Superintendent whose duties had to be shared with the Mid-Essex Health Area. Because of the difficulty in recruiting health visitors one vacant post was filled by a clinic nurse. On the whole all health visitors continued to do the same type of work as in the past years but more time was devoted to health education and to school health work. The latter was due to the increase in the school population.

The tuberculosis visitor worked under the direction of the Chest Physician. Her duties were both in the clinic and outside, visiting and following up patients.

Home Nursing (Section 25)

Six full-time and two part-time home nurses coped adequately with the work in Harlow. As in the past they attended in the morning at the group practice and clinic centres where they gave treatment to patients referred to them by general practitioners and later in the day ministered to home-bound patients in their district.

An increase in the old-age population of the town and more intensive nursing contributed to a 53% jump in the number of home visits by comparison with the previous year (1964: 15,720—1963: 10,247). The provision of disposable syringes and of pre-packed sterile dressings made this greater volume of work possible without a corresponding increase in the number of staff.

A statistical summary of the work of home nurses is on page 50.

Two nurses were sent for three months' district training at the Lady Rayleigh Training Home in Leytonstone.

Vaccination and Immunization (Section 26)

Most vaccinations and immunizations are carried out by general practitioners and information about them is received only when completed record cards are submitted for payment of the appropriate fees. Unfortunately there is often a considerable delay between the carrying out of the immunization and the receipt of the record card in the Area Health Office and for this reason the figures shown for a given year cannot be very accurate. Nevertheless the increase in the number of all vaccinations and immunizations from 6,719 in 1963 to 9,008 in 1964 cannot be due solely to more prompt reporting and must therefore indicate that a greater number of children and young persons were protected against some of the dangerous infectious diseases. This no doubt was due to more intense health education on the subject and to a new follow-up

system introduced during the year. The increase was in all types of vaccinations and immunizations. Statistics on page 51.

Prevention of Illness, Care and After-care (Section 28)

Some of the work carried out under the provisions of this section of the National Health Service Act, such as the supply of free milk to persons suffering from tuberculosis and the care and after-care given by the tuberculosis visitor, has already been described in other chapters where it fitted in better. Here mention must be made of the chiropody service, which during 1964 was extended by the employment of two more part-time chiropodists. The total number of chiropody sessions was 15 a week and anybody within the priority categories could be treated without delay. In addition, domiciliary service was provided where necessary and one of the chiropodists regularly visited the old people's home.

Sixteen persons were sent for a recuperative holiday on recommendation of their doctor, and 101 items of sick-room equipment were issued on loan to home-bound patients.

A further essential service under this Section of the Act is the help given to incontinent patients nursed at home. Most of these are geriatric cases and their number in Harlow is not great. Efforts made some years ago to establish a special laundry service were not successful, so instead these patients are now given disposable incontinence pads by the district nurse. Fifty patients benefited from this service.

The disposal of used pads did not present any great difficulty. They were either burnt in domestic boilers, where this was possible, or removed to a special refuse bin used for the reception of placentae, dirty dressings and similar material.

Domestic Help Service (Section 29)

The increased number of old people in the town referred to earlier made greater demand on the domestic help service. Four hundred and one persons aged 65 years or over were assisted compared with 343 in the previous year. The total number of hours of domestic help provided for all categories of recipients was 41,684 (38,880 in 1963).

A pilot scheme for the training of domestic helps locally was started in September. The programme was drawn up at the Area Health Office and the course was held in the Domestic Science Department of the Harlow Technical College. Twelve home helps attended twelve weekly training sessions which consisted of lectures given by the staff of the Health Area and the Technical College and of practical demonstrations. The subjects covered were human relations, the health and welfare services, general hygiene and food hygiene in particular, prevention of spread of infections, domestic budgeting, general cookery and special cooking for old people and invalids, cleaning and laundering of synthetic materials and others. Those who took the course were asked to answer a questionnaire which was then discussed on the last day. It showed that all home helps found the training useful and some made constructive criticisms and suggestions for future courses of this kind.

II — SCHOOL HEALTH SERVICE—EDUCATION ACT, 1944

A separate detailed report on school health is submitted to the Divisional Executive Committee for Education. The ensuing paragraphs therefore contain only a summary account of the services provided under the Education Act.

School Population

On 31st December 1964 there were 16,124 pupils on the registers of schools maintained by the Local Education Authority in Harlow. This figure shows an increase of 777 over the previous year and was comprised of 9,935 children at primary, 6,106 at secondary and 83 at special schools.

School Medical Inspections

As in previous years, all new entrants to infant schools were given a full routine medical inspection soon after admission, and the pupils attending secondary schools were similarly examined in their fifteenth year. In between these ages children were examined at any time at the request of the parent, general practitioner, form or head teacher or school nurse. Pupils at The Mead special school are examined annually. School medical officers carried out 3,824 medical inspections and this figure included 540 special examinations and 644 re-examinations. Three hundred and fifty defects of health requiring treatment were found and 1,365 other defects were kept under observation.

Dental Service

The surgery at Sydenham House was re-opened early in the year when the services of a part-time dentist for three sessions a week were secured. Unfortunately the clinic at Keats House had to be closed in August because the whole-time dentist appointed at the end of 1963 resigned. On 31st December the dental staff consisted of one whole-time and one part-time officer. Despite these setbacks, routine dental inspections were carried out at four secondary and 20 primary schools, entailing 27 visits to these schools. The teeth of 10,228 children were inspected and treatment was offered to 3,974 (38%). The parents of 1,869 of these (47%) gave consent to treatment at school dental clinics; of the remainder many were reported as either being already under treatment or waiting to see their own dentist.

Child Guidance Service

Dr. Skynner, who had been medical director of the Harlow Child Guidance Clinic since it opened in 1958, resigned in July to take up a similar appointment in Hackney; his successor is Dr. R. Gabriel. During the year one of the two psychiatric social workers left the service and could not be replaced. Before he left, Dr. Skynner wrote to all general practitioners and other persons referring children to the clinic to inform them of the staffing difficulties and in consequence there were fewer referrals. These were dealt with without considerable delay.

At the beginning of the year ten patients were awaiting an appointment and 340 were under treatment. In the course of the year 233 cases were referred to the clinic and 335 discharged. On 31st December 18 children were waiting for an appointment and 230 were receiving treatment.

Cleanliness Surveys

The number of cleanliness inspections was reduced during 1964 and all pupils up to the age of fourteen years were seen as a routine only once. Children considered to require supervision were, of course, seen more often. Nurses carried out 13,925 inspections and found the heads of 87 pupils infested for the first time and of 13 re-infested during the course of the year. Most parents

co-operated well and in all but one case they themselves saw to the cleansing of the children. However, in five cases this was done only after a statutory notice had been served. One child had its head cleansed by the school nurse.

Defective hearing

One hundred and twenty-three children thought to have some loss of hearing were given a hearing test and 30 of these were subsequently referred to the Ear, Nose and Throat Consultant. A summary of his reports is as follows:—

No defect found	.....	.....	.....	.....	.....	1
Some loss of hearing but no treatment required	.....	.....	.....	.....	.....	2
Provided with hearing aid	.....	.....	.....	.....	.....	3
To have tonsils and/or adenoids removed	.....	.....	.....	.....	.....	8
Other treatment prescribed	.....	.....	.....	.....	.....	5
Report not received by 31.12.64	.....	.....	.....	.....	.....	9
Appointment not kept	.....	.....	.....	.....	.....	2

Enuresis Clinic

The enuresis clinic at Chadwick House was attended by 123 children during 1964, comprising 77 new cases, 31 old cases and 15 children who had relapsed. Of these 60 were discharged cured, 23 improved, two were referred to the Child Guidance Clinic and 14 failed to continue treatment. At the end of the year 34 children were still being treated.

Speech therapy

One of the two speech therapists employed was granted maternity leave of absence in November, so once again the year ended with less than the full establishment of speech therapists. At the end of 1964, in addition to those children whose treatment was interrupted by the non-availability of staff, there were 29 more who were waiting to begin treatment. The total number of pupils attending for speech therapy during the year was 102; this included 12 having weekly treatment at The Mead school.

Prevention of Tuberculosis

(a) *B.C.G. vaccination of 13 year old pupils*

In the previous year 65.51% of the parents of children eligible gave consent for participation in the B.C.G. vaccination scheme. In 1964 the overall acceptance rate was 77.7%; 893 agreed to be vaccinated and had a preliminary test. Of this number 57 gave a positive reaction to the skin test and did not require vaccination and 723 were subsequently vaccinated. Thirty pupils from a private secondary school were offered vaccination; half accepted and 14 were vaccinated.

(b) *Tuberculosis case finding among school entrants*

The parents of all entrants are invited to give consent to their child having a skin test in conjunction with the first medical inspection at school. The purpose of this is to detect early infection and through the the child trace adult persons suffering from tuberculosis who may have infected the child without being aware of their own condition. The response to this invitation has always been very good and in 1964 the high rate of acceptance was maintained. The test was offered to 1,540 children and 1,275 (82.79%) parents agreed to it; 1,197 pupils were actually tested and of these 15 gave a positive reaction and were referred to the Chest Physician for further investigation. In eight of the children nothing abnormal was detected, five are receiving treatment and two have been placed under observation.

Orthopaedic and Physiotherapy Service

The orthopaedic surgeon continued to hold a monthly session at Chadwick House. He saw children referred to him through the School Health Service or by general practitioners, diagnosed and assessed their condition and prescribed treatment which in most cases consisted of remedial exercises given by one of the physiotherapists working in school clinics. Many orthopaedic defects were thus detected early and dealt with before they could cause serious disability. The orthopaedic surgeon and the physiotherapists are employed by the Regional Hospital Board.

Recuperative Holidays

There were no children found to be in need of a recuperative holiday which their parents could not provide.

SECTION C — STATISTICS

(Figures in parenthesis refer to 1963)

GENERAL DATA

Area (in acres)	6,313	(6,313)
Number of houses (mid-year)	18,200	(17,500)
Number of houses per acre (average mid-year)	2.9	(2.8)
Number of persons per acre (average mid-year)	10.1	(9.7)
Number of persons per house (average mid-year)	3.5	(3.5)
Ratable value (mid-year)	£3,336,722	(£3,115,023)
Product of a penny rate (financial year 1964/65)	£14,450	(£13,103)
The rate in the £ (financial year 1964/65)	10/9	(10/-)

POPULATION

Resident population (Registrar General's mid-year estimate)	63,540	(61,140)
Increase over the previous year	2,400	(2,960)
Increase due to excess of births over deaths	1,300	(1,270)
Balance due to inward migration	1,100	(1,690)

BIRTHS

						<i>Males</i>		<i>Females</i>	
LIVE BIRTHS									
Legitimate	.....	.....	.....	.....	800	(733)	696	(728)	
Illegitimate	.....	.....	.....	.....	31	(28)	24	(16)	
Total					831	(761)	720	(744)	
Crude rate	per 1,000 population				24.4	(24.6)			
Adjusted rate	per 1,000 population				18.0	(18.2)			
Rate for England and Wales	per 1,000 population				18.4	(18.2)			
ILLEGITIMATE LIVE BIRTHS									
Number registered	.....	.....	.....		55	(44)			
Rate per 100 live births	.....	.....	.....		3.5	(2.9)			
Rate per 100 live births in England and Wales	.....	.....	.....	.....	7.2	(6.9)			
STILL BIRTHS									
Legitimate	.....	.....	.....	.....	11	(10)	8	(11)	
Illegitimate	.....	.....	.....	.....	—	(—)	—	(—)	
Total					11	(10)	8	(11)	
Rate per 1,000 live and still births					12.1	(14.4)			
Rate per 1,000 live and still births in England and Wales					16.4	(17.2)			
TOTAL BIRTHS (Live and still)									
Legitimate	.....	.....	.....	.....	811	(743)	704	(739)	
Illegitimate	.....	.....	.....	.....	31	(28)	24	(16)	
Total					842	(771)	728	(755)	

CAUSES AND PLACE OF STILL BIRTHS

					<i>Hospital</i>	<i>Home</i>	<i>Total</i>
Congenital malformation of foetus	.....	.....			6	1	7
Birth injury	.....	.....	.....	.....	6	—	6
Diseases and conditions of pregnancy and childbirth	.....	.....	.....	.....	2	1	3
Diseases of foetus and ill-defined causes	.....	.....			2	—	2
Difficulties in labour	.....	.....	.....	.....	—	1	1

STILL BIRTHS ACCORDING TO PLACE OF BOOKING AND DELIVERY

<i>Place of Booking</i>	<i>Place of Confinement</i>				<i>Parity</i>					
					0	1	2	3	4	5+
Hospital	Hospital	.....	.....	.....	3	1	—	—	1	3
Home	Home	.....	.....	.....	—	—	1	—	—	—
Hospital	Home	.....	.....	.....	1	—	—	1	—	—
Home	Hospital (transfer before labour)				—	1	—	1	2	1
Home	Hospital (transfer in labour)				1	—	2	—	—	—

PREMATURE INFANTS (5½ LBS. WEIGHT OR UNDER)—PLACE OF BIRTH AND MORTALITY

<i>Place of birth</i>	<i>Still births</i>	<i>Live births</i>	<i>Death within</i>		
			<i>24 hrs</i>	<i>7 days</i>	<i>28 days</i>
Hospital	6	65	6	3	1
Home	1	17	—	—	—

All infants who died in hospital were also born there.

DEATHS

							<i>Males</i>		<i>Females</i>	
ALL AGES	...	...	...	...	...	...	133	(136)	118	(99)
Crude rate per 1,000 population	....	....	....	....	....	....		3.9	(3.8)	
Adjusted rate per 1,000 population	....	....	....	....	....	....		10.3	(10.0)	
Rate for England and Wales per 1,000 population								11.3	(12.2)	
INFANTS UNDER 1 YEAR OF AGE										
Legitimate	....	....	....	....	....	....	13	(10)	7	(4)
Illegitimate	....	....	....	....	....	....	1	(—)	—	(—)
Total	....	....	....	....	....	....	14	(10)	7	(4)
Legitimate infant mortality rate per 1,000 legitimate live births								13.4	(9.6)	
Legitimate infant mortality rate per 1,000 legitimate live births for England and Wales								*	(20.8)	
Illegitimate infant mortality rate per 1,000 illegitimate live births								18.2	(—)	
Illegitimate infant mortality rate per 1,000 illegitimate live births for England and Wales								*	(26.0)	
Total infant mortality rate per 1,000 live births								13.5	(9.3)	
Total infant mortality rate per 1,000 live births for England and Wales								20.0	(21.1)	
NEONATAL DEATHS (infants under 4 weeks of age)										
Legitimate	....	....	....	....	....	....	10	(7)	6	(2)
Illegitimate	....	....	....	....	....	....	1	(—)	—	(—)
Total	....	....	....	....	....	....	11	(7)	6	(2)
Neonatal mortality rate per 1,000 live births								11.0	(6.0)	
Neonatal mortality rate per 1,000 live births for England and Wales								13.8	(14.2)	
EARLY NEONATAL DEATHS (infants under 1 week of age)										
Legitimate	....	....	....	....	....	....	10	(6)	4	(2)
Illegitimate	....	....	....	....	....	....	1	(—)	—	(—)
Total	....	....	....	....	....	....	11	(6)	4	(2)
Early neonatal mortality rate per 1,000 live births								9.7	(5.3)	
Early neonatal mortality rate per 1,000 live births for England and Wales								12.0	(12.3)	
PERINATAL MORTALITY (still births and deaths under 1 week combined)										
Rate per 1,000 live and still births								21.6	(19.0)	
Rate per 1,000 live and still births for England and Wales								28.2	(29.3)	
MATERNAL MORTALITY										
Maternal deaths (including abortion)								—	(—)	
Maternal mortality rate per 1,000 live and still births								—	(—)	
Maternal mortality rate per 1,000 live and still births for England and Wales								0.2	(0.3)	

* Figures not available.

CAUSES OF DEATH

					<i>Males</i>	<i>Females</i>	<i>Total</i>
1.	Tuberculosis, respiratory	.....	.....		1 (—)	1 (—)	1 (—)
2.	Tuberculosis, other	.....	.....	.....	— (—)	— (—)	— (—)
3.	Syphilitic disease	.....	.....	.....	— (—)	— (—)	— (—)
4.	Diphtheria	.....	.....	.....	— (—)	— (—)	— (—)
5.	Whooping cough	.....	.....	.....	— (—)	— (—)	— (—)
6.	Meningococcal infections	.....	.....		— (—)	— (—)	— (—)
7.	Acute poliomyelitis	.....	.....	.....	— (—)	— (—)	— (—)
8.	Measles	.....	.....	.....	— (—)	— (—)	— (—)
9.	Other infective and parasitic diseases	.....			— (—)	— (—)	— (—)
10.	Malignant neoplasm, stomach	.....	.....		4 (5)	1 (3)	5 (8)
11.	Malignant neoplasm, lung, bronchus	.....			11 (12)	1 (5)	12 (17)
12.	Malignant neoplasm, breast	.....	.....		— (—)	7 (2)	7 (2)
13.	Malignant neoplasm, uterus	.....	.....		— (—)	5 (3)	5 (3)
14.	Other malignant and lymphatic neoplasms				14 (15)	9 (9)	23 (24)
15.	Leukaemia, aleukaemia	.....	.....		5 (2)	2 (—)	7 (2)
16.	Diabetes	.....	.....	.....	— (1)	— (1)	— (2)
17.	Vascular lesions of nervous system	.....			9 (10)	16 (17)	25 (27)
18.	Coronary disease, angina	.....	.....		31 (28)	14 (10)	45 (38)
19.	Hypertension with heart disease	.....			3 (1)	2 (3)	5 (4)
20.	Other heart disease	.....	.....	.....	5 (10)	17 (8)	22 (18)
21.	Other circulatory disease	.....	.....		4 (4)	4 (6)	8 (10)
22.	Influenza	.....	.....	.....	— (—)	— (1)	— (1)
23.	Pneumonia	.....	.....	.....	8 (12)	7 (7)	15 (19)
24.	Bronchitis	.....	.....	.....	8 (6)	3 (1)	11 (7)
25.	Other disease of respiratory system	.....			1 (2)	2 (1)	3 (3)
26.	Ulcer of stomach and duodenum	.....			— (2)	— (—)	— (2)
27.	Gastritis, enteritis and diarrhoea	.....			— (—)	1 (2)	1 (2)
28.	Nephritis and nephrosis	.....	.....	.....	— (—)	— (1)	— (1)
29.	Hyperplasia of prostate	.....	.....	.....	1 (—)	— (—)	1 (—)
30.	Pregnancy, childbirth and abortion	.....			— (—)	— (—)	— (—)
31.	Congenital malformations	.....	.....		4 (5)	1 (3)	5 (8)
32.	Other defined and ill-defined diseases	.....			15 (12)	16 (8)	31 (20)
33.	Motor vehicle accidents	.....	.....	.....	3 (6)	1 (1)	4 (7)
34.	All other accidents	.....	.....	.....	4 (2)	6 (2)	10 (4)
35.	Suicides	.....	.....	.....	2 (1)	3 (5)	5 (6)
36.	Homicides and operations of war	.....			— (—)	— (—)	— (—)
Total					133(136)	118 (99)	251(235)

AGE AND SEX DISTRIBUTION OF DEATHS

Age						Male	Female	Total
Under 4 weeks	.....	.....	.....	.....	.....	11	6	17
4 weeks and under 1 year	.....	.....	.....	.....	.....	3	1	4
1 — 4 years	.....	.....	.....	.....	.....	3	1	4
5 — 14 years	.....	.....	.....	.....	.....	3	1	4
15 — 24 years	.....	.....	.....	.....	.....	3	4	7
25 — 34 years	.....	.....	.....	.....	.....	1	5	6
35 — 44 years	.....	.....	.....	.....	.....	13	13	26
45 — 54 years	.....	.....	.....	.....	.....	17	9	26
55 — 64 years	.....	.....	.....	.....	.....	15	6	21
65 — 74 years	.....	.....	.....	.....	.....	26	26	52
75 years and over	.....	.....	.....	.....	.....	38	46	84
Total						133	118	251

CAUSES OF DEATH OF INFANTS UNDER THE AGE OF 1 YEAR

<i>Cause of death</i>		<i>Under 1 day</i>		<i>1 — 7 days</i>		<i>Total under 1 week</i>		<i>1 — 2 weeks</i>		<i>2 — 3 weeks</i>		<i>3 — 4 weeks</i>		<i>Total under 1 month</i>		<i>1 — 3 months</i>		<i>3 — 6 months</i>		<i>6 — 9 months</i>		<i>9 — 12 months</i>		<i>Total under 1 year</i>	
Prematurity	.....	5	(2)	2	(2)	7	(4)	1	(—)	—	(—)	—	(—)	8	(4)	—	(—)	—	(—)	—	(—)	—	(—)	8	(4)
Congenital malformations	— (1)	3	(2)	3	(3)	—	(—)	—	(—)	—	(—)	1	(—)	4	(3)	—	(—)	1	(—)	—	(—)	—	(—)	5	(4)
Birth injuries	.....	2	(1)	1	(—)	3	(1)	—	(—)	—	(—)	—	(—)	3	(1)	—	(—)	—	(—)	—	(—)	—	(—)	3	(1)
Broncho-pneumonia	.....	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)	—	(1)	—	(1)	1	(1)	—	(—)	—	(—)	—	(—)	1	(2)
Atelectasis	.....	1	(—)	1	(—)	2	(—)	—	(—)	—	(—)	—	(—)	2	(—)	—	(—)	—	(—)	—	(—)	—	(—)	2	(—)
Other	.....	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)	—	(—)	—	(2)	1	(—)	—	(—)	1	(1)	2	(3)
Total	.....	8	(4)	7	(4)	15	(8)	1	(—)	—	(—)	1	(1)	17	(9)	1	(3)	2	(—)	—	(—)	1	(2)	21	(14)

COMMUNICABLE DISEASES (other than tuberculosis)

Notifications according to age group

		Age											Incidence rate per 10,000 population	
		0—	1—	2—	3—	4—	5—	10—	15—	25—	45—	65—	Total	England & Wales
		0—	1—	2—	3—	4—	5—	10—	15—	25—	45—	65—	Age unknown	Harlow
Scarlet fever	.....	—	2	4	13	16	50	7	1	—	—	—	93	14.6
Whooping cough	.....	9	9	9	6	5	11	1	—	1	—	—	1	8.2
Measles	.....	61	167	207	215	170	392	8	1	1	—	—	2	192.6
Dysentery	.....	—	3	—	1	1	6	6	3	6	1	—	—	4.2
Acute pneumonia	.....	1	—	1	1	—	3	1	—	1	1	1	—	1.6
Erysipelas	.....	—	—	—	—	—	—	1	—	4	—	2	—	1.1
Food poisoning	.....	—	—	—	—	—	—	—	—	1	—	—	—	0.1
Infectious hepatitis	.....	—	—	3	—	2	35	17	8	21	1	—	1	13.8
Puerperal pyrexia	.....	—	—	—	—	—	—	—	2	2	—	—	—	0.6
Acute encephalitis, infective	.....	—	1	—	—	—	—	—	—	—	—	—	—	0.1
													1	0.02

* Figures not available

COMMUNICABLE DISEASES — TUBERCULOSIS

	<i>Respiratory</i>		<i>Other</i>		<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
Number of cases on the register on 1.1.64	264 (244)	260 (237)	16 (15)	21 (21)	561 (517)
Number of cases added to the register during 1964					
New cases	18 (21)	24 (11)	3 (1)	2 (1)	47 (34)
Inward transfers	21 (14)	10 (20)	3 (1)	1 (—)	35 (35)
Number of cases removed from the register during 1964					
Deaths	2 (2)	— (—)	— (—)	— (—)	2* (2)
Outward transfers	17 (11)	16 (8)	— (1)	1 (1)	34 (21)
Patients cured	— (2)	1 (—)	— (—)	— (—)	1 (2)
Number of cases remaining on register on 31.12.64	284 (264)	277 (260)	22 (16)	23 (21)	606 (561)

* One death from causes other than tuberculosis.

INCIDENCE

(a) *According to age*

	<i>Respiratory</i>		<i>Other</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
Under 5 years	4 (5)	1 (1)	— (—)	— (—)
5 — 14 years	2 (5)	6 (4)	1 (—)	— (—)
15 — 24 years	2 (1)	— (3)	— (—)	— (—)
25 — 44 years	8 (4)	9 (3)	1 (1)	2 (—)
45 — 64 years	2 (4)	7 (—)	— (—)	— (—)
65 and over	— (2)	1 (—)	1 (—)	— (—)

(b) *Rate of new cases per 1,000 population—all forms*

Harlow	0.7 (0.5)
England and Wales	0.5 (0.4)

MORTALITY RATE PER 1,000 POPULATION

(a) *respiratory*

— Harlow	0.01
— England and Wales	0.05

(b) *other*

— Harlow	0
— England and Wales	0.006

MASS RADIOGRAPHY

GENERAL PUBLIC AND ORGANIZED GROUPS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Bush Fair	598	922	1,520
The High	793	1,386	2,179
The Stow	568	1,015	1,583
Potter Street	315	379	694
The Green Man, Old Harlow	173	143	316
Women's Institute, Old Harlow	57	131	188
A.E.I. Ltd.	497	205	702
Cossor Electronics Ltd.	642	275	917

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Dorstel Press Ltd.	161	142	303
Industrial Health Centres	2,224	823	3,047
Key Glassworks	717	86	803
Standard Telecommunications Laboratories Ltd.	287	81	368
Standard Telephones & Cables Ltd.	860	769	1,629
Town Hall	193	120	313
Total number X-rayed	8,085	6,477	14,562

SUMMARY OF GROUPS ATTENDING

General public	2,376	3,777	6,153
Organized groups	5,638	2,700	8,338
Schoolboys	71	—	71
Total	8,085	6,477	14,562

REQUIRING FURTHER INVESTIGATION	73	50	123
--------------------------------------	----	----	-----

PULMONARY TUBERCULOSIS

Requiring immediate treatment

— general public	—	4	4
— organized groups	6	2	8

Requiring close clinic supervision

— general public	—	—	—
— organized groups	2	—	2

Requiring occasional clinic supervision (6 p.k.)*

— general public	3	4	7
— organized groups	18	6	24

Presumed healed, no further action required (1 p.k.)*

— general public	1	—	1
— organized groups	3	—	3

ABNORMALITIES OTHER THAN TUBERCULOSIS

Carcinoma of lung (1 p.k.)*	3	2	5
Benign tumour of the lung	—	1	1
Sarcoidosis	1	2	3
Congenital abnormalities of the heart and vessels	1	—	1
Acquired abnormalities of the heart and vessels	6	13	19
Bronchiectasis	1	1	2
Emphysema	1	1	2
Pulmonary fibrosis — Non T.B.	3	1	4
Bacterial and virus infections of the lungs	4	—	4
Abnormalities of the diaphragm and oesophagus	2	2	4
Pleural thickening or calcification — Non T.B.	2	1	3
Congenital abnormalities of the bony thorax and soft tissues	3	1	4
Acquired abnormalities of the bony thorax and soft tissues	—	1	1
Did not attend for further investigation	3	—	3
Not classified by 31.12.64	1	—	1

* p.k. = previously known

SANITARY CIRCUMSTANCES AND INSPECTIONS

Water

					Gallons
Water supplied unmeasured (domestic) .....	.....	.....	.....	.....	769 million
Water supplied by meter (trade) .....	.....	.....	.....	.....	387 million
Total consumption for year .....	.....	.....	.....	.....	1,156 million
Average supplied per day — domestic .....	.....	.....	.....	.....	2.11 million
— trade .....	.....	.....	.....	.....	1.06 million
— all purposes .....	.....	.....	.....	.....	3.17 million
Consumption per head per day — domestic .....	.....	.....	.....	.....	32.87
— trade .....	.....	.....	.....	.....	16.53
— all purposes .....	.....	.....	.....	.....	49.40

(The above figures were supplied by the Lee Valley Water Company)

The following samples of water were taken for examination and all proved to be satisfactory:

			<i>Bacteriological</i>	<i>Chemical</i>
By Public Health Department .....	.....	.....	61	24
By Lee Valley Water Company .....	.....	.....	246	8

Swimming and Paddling Pools

		<i>Number of samples taken</i>			
	<i>Number in district</i>	<i>Bacteriological</i>		<i>Chemical</i>	
		<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Swimming pools	9	42	2	16	Nil
Paddling pools	3	3	1	Nil	Nil

Sewerage

Cesspools emptied during the year	22*
Pail closets emptied weekly	12
Direct connexions to sewer (conversion of pail closets)	Nil
Connexions to sewer from cesspools	1

* This necessitated 28 emptying operations.

(The above figures were supplied by the Engineer and Surveyor)

Housing

GENERAL

Number of houses as on 31.12.64	.....	.....	.....	.....	.....	.....	18,469
Houses owned — by Local Authority		.....	.....	.....	.....	.....	1,057
— by Harlow Development Corporation		.....	.....	.....	.....	.....	15,664
— privately	.....	.....	.....	.....	.....	.....	1,748
Houses erected in 1964 — by Local Authority		.....	.....	.....	.....	.....	3
— by Harlow Development Corporation		.....	.....	.....	.....	.....	671
— by private enterprise		.....	.....	.....	.....	.....	83
Housing inspections carried out — by medical officers		.....	.....	.....	.....	.....	12
— by public health inspectors		.....	.....	.....	.....	.....	453
Intimation notices served	.....	.....	.....	.....	.....	.....	5
Statutory notices served	.....	.....	.....	.....	.....	.....	Nil
Statutory notices complied with	.....	.....	.....	.....	.....	.....	Nil
Complaints of house defects	.....	.....	.....	.....	.....	.....	85
Houses where defects were remedied		.....	.....	.....	.....	.....	37
Legal proceedings	.....	.....	.....	.....	.....	.....	Nil

HOUSING ACT, 1957

Houses demolished	.....	.....	.....	.....	.....	.....	.....	.....	4
Undertakings not to let	.....	.....	.....	.....	.....	.....	.....	.....	Nil
Closing orders	.....	.....	.....	.....	.....	.....	.....	.....	Nil
Houses in confirmed Clearance Areas awaiting demolition	.....	.....	.....	.....	.....	.....	.....	.....	Nil
Houses in Clearance Areas not yet confirmed	.....	.....	.....	.....	.....	.....	.....	.....	Nil
Demolition Orders made under Section 17	.....	.....	.....	.....	.....	.....	.....	.....	Nil
Closing Orders revoked	.....	.....	.....	.....	.....	.....	.....	.....	Nil

HOUSING (Financial Provisions) ACT, 1958 — IMPROVEMENT GRANTS

Number of applications considered by Local Authority	.....	.....	.....	.....	.....	.....	.....	.....	19
(1 Standard Grant, 18 Discretionary Grants)									
Number of applications approved	.....	.....	.....	.....	.....	.....	.....	.....	18
Number of applications refused	.....	.....	.....	.....	.....	.....	.....	.....	Nil
Number of applications withdrawn	.....	.....	.....	.....	.....	.....	.....	.....	1
Number of dwellings where work has been completed	.....	.....	.....	.....	.....	.....	.....	.....	13

RENT ACT, 1957

Number of applications for Certificate of Disrepair	.....	.....	.....	.....	.....	.....	.....	.....	Nil
Number of Certificates issued	.....	.....	.....	.....	.....	.....	.....	.....	Nil

Food

TYPE AND NUMBER OF FOOD SHOPS AND OTHER FOOD PREMISES IN THE DISTRICT

Grocers	.....	.....	.....	.....	.....	.....	.....	.....	.....	37
Butchers	.....	.....	.....	.....	.....	.....	.....	.....	.....	20
Fishmongers (including 5 fish fryers)	.....	.....	.....	.....	.....	.....	.....	.....	.....	13
Greengrocers	.....	.....	.....	.....	.....	.....	.....	.....	.....	22
Sweets and confectionery	.....	.....	.....	.....	.....	.....	.....	.....	.....	25
General food stores	.....	.....	.....	.....	.....	.....	.....	.....	.....	10
Cafés and restaurants	.....	.....	.....	.....	.....	.....	.....	.....	.....	16
Public houses	.....	.....	.....	.....	.....	.....	.....	.....	.....	23
Off-licences	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Halls, community centres and clubs	.....	.....	.....	.....	.....	.....	.....	.....	.....	34
Factory and other industrial canteens	.....	.....	.....	.....	.....	.....	.....	.....	.....	40
School canteens	.....	.....	.....	.....	.....	.....	.....	.....	.....	34
Building site canteens	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
Food storage depots	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
Milk depots	.....	.....	.....	.....	.....	.....	.....	.....	.....	5
Food factories	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Bakehouses and bakers	.....	.....	.....	.....	.....	.....	.....	.....	.....	10
Market stalls	.....	.....	.....	.....	.....	.....	.....	.....	.....	14
Total									.....	323

N.B. There are no egg pasteurization plants in this District.
(Liquid Egg (Pasteurization) Regulations, 1963)

PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD AND DRUGS ACT, 1955

Storage and sale of ice cream	.....	.....	.....	.....	.....	.....	.....	.....	66
Preparation or manufacture of sausages or potted, pressed, pickled or preserved food	.....	.....	.....	.....	.....	.....	.....	.....	25

MILK SUPPLY

Number of dairies registered	.....	.....	.....	.....	.....	.....	.....	5
Number of inspections carried out	.....	.....	.....	.....	.....	.....	.....	20
Licences issued under Milk (Special Designation) Regulations, 1960 and 1963:								
Pasteurized	.....	.....	.....	.....	.....	.....	.....	26
Sterilized	.....	.....	.....	.....	.....	.....	.....	25
Tuberculin tested	.....	.....	.....	.....	.....	.....	.....	3
Number of premises from which milk was sold	.....	.....	.....	.....	.....	.....	.....	27
Number of samples taken:								
Designation			Total	Satisfactory		Unsatisfactory		
Pasteurized	.....	.....	49	46		3*		
Sterilized	.....	.....	15	15		Nil		
Tuberculin tested	.....	.....	9	9		Nil		

* The samples failed to satisfy the Methylene Blue Test.

FOOD SAMPLING FOR BACTERIOLOGICAL EXAMINATION

Ice Cream and Ice Lolly

			<i>Result</i>	
			<i>Ministry of Health's Provisional</i>	
			<i>Grades for ice-cream</i>	
Ice cream	111 samples	Grade I	85 samples	} satisfactory
		Grade II	7 samples	
		Grade III	13 samples	} unsatisfactory
		Grade IV	6 samples	
Ice lolly	4 samples	Satisfactory		

Cooked Meat and Meat Products

					Number of	Results	
					samples taken	Satisfactory	Unsatisfactory
Brawn	.....	.....	.....	.....	4	4	—
Brisket	.....	.....	.....	.....	1	1	—
Cooked shoulder of bacon	.....	.....	.....	.....	3	2	1
Corned beef	.....	.....	.....	.....	7	5	2
Ham	.....	.....	.....	.....	8	7	1
Ham (vacuum packed)	.....	.....	.....	.....	3	2	1
Jellied veal	.....	.....	.....	.....	3	2	1
Luncheon meat	.....	.....	.....	.....	18	13	5
Roast pork	.....	.....	.....	.....	1	1	—
Sausage rolls	.....	.....	.....	.....	5	5	—
Steak and kidney pie	.....	.....	.....	.....	4	4	—
Veal and ham pie	.....	.....	.....	.....	2	2	—
Other cooked meats	.....	.....	.....	.....	24	11	13
					—	—	—
Total					83	59	24
					—	—	—

Miscellaneous

					Number of	Results	
					samples taken	Satisfactory	Unsatisfactory
American salad	.....	.....	.....	.....	1	1	—
Artificial cream	.....	.....	.....	.....	1	1	—
Artificial cream filled cakes	.....	.....	.....	.....	18	10	8

Ayrshire cream cheese	.....	.....	2	1	1
Bread (from sandwiches)	.....	.....	1	1	—
Cheese with beer	.....	.....	1	1	—
Dairy cream	.....	.....	1	1	—
Dairy cream filled cakes	.....	.....	13	3	10
Egg and chicken delight	.....	.....	1	—	1
Fish cakes	.....	.....	5	2	3
Jellied eels	.....	.....	4	4	—
Meat salad (imported)	.....	.....	1	1	—
Milk shake	.....	.....	2	1	1
Potato cake	.....	.....	1	1	—
Scotch egg	.....	.....	3	2	1
Shellfish	.....	.....	15	14	1
Spanish salad	.....	.....	1	1	—
Tinned mixed fruit	.....	.....	1	1	—
Tome-au-Raisin	.....	.....	1	1	—
Total			73	47	26

FOOD SAMPLING FOR ANALYSIS

<i>Article submitted for analysis</i>	<i>Number examined</i>			<i>Number adulterated or otherwise irregular</i>		
	<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Formal</i>	<i>Informal</i>	<i>Total</i>
Anadin	—	1	1	—	—	—
*Apricots in syrup	—	2	2	—	1	1
Baby food	1	—	1	—	—	—
Barbados sugar	—	1	1	—	—	—
Beef dripping	1	—	1	—	—	—
Black currant drink	—	1	1	—	—	—
Bolognese sauce	—	1	1	—	—	—
Brandy flavoured butter	—	1	1	—	—	—
Butter	2	—	2	—	—	—
Celery salt	—	1	1	—	—	—
Chewing gum	—	1	1	—	—	—
Chicken Capri	—	1	1	—	—	—
Chocolate spread	—	1	1	—	—	—
Cochineal	—	1	1	—	—	—
Coffee and chicory essence	—	2	2	—	—	—
Creamed rice	—	1	1	—	—	—
Cut mixed peel	1	1	2	—	—	—
Dandelion coffee	1	—	1	—	—	—
Dessicated coconut	—	1	1	—	—	—
Double cream	—	1	1	—	—	—
Gin	3	—	3	—	—	—
Ginger stem in syrup	—	1	1	—	—	—
Gravy salt	—	1	1	—	—	—
Ground almonds	—	1	1	—	—	—
Ground cinnamon	—	1	1	—	—	—
Ground nutmeg	—	1	1	—	—	—
Ham and chicken meat paste	—	1	1	—	—	—
Haslet	1	—	1	—	—	—
Herbal mixture	1	—	1	—	—	—

Jelly marmalade	.....	—	1	1	—	—	—
Kangaroo tail soup	.....	—	1	1	—	—	—
Lard	.....	1	—	1	—	—	—
Lemon cheese	.....	1	—	1	—	—	—
Luncheon meat	.....	1	—	1	—	—	—
Margarine	.....	—	1	1	—	—	—
Marzipan	.....	1	—	1	—	—	—
Milk	.....	12	—	12	—	—	—
Milk shake syrup	.....	—	1	1	—	—	—
Minced beef	.....	1	—	1	—	—	—
Mixed pickles	.....	—	1	1	—	—	—
*Mixture of flour, vegetable shortening and margarine	—	—	1	1	—	1	1
Peanut butter	.....	—	1	1	—	—	—
Pepper	.....	—	1	1	—	—	—
Phensic	.....	—	1	1	—	—	—
Pineapple juice	.....	—	1	1	—	—	—
Pork sausages	.....	4	—	4	1	—	1
Powdered gelatine	.....	—	1	1	—	—	—
Roast pork	.....	1	—	1	—	—	—
Salad cream	.....	—	1	1	—	—	—
Sardines in olive oil	.....	—	1	1	—	—	—
*Sliced white loaf	.....	—	2	2	—	2	2
Strawberry jam	.....	1	—	1	—	—	—
Strawberry jelly	.....	1	—	1	—	—	—
Sugar	.....	1	—	1	—	—	—
Sultanas	.....	1	—	1	—	—	—
Sweets	.....	—	3	3	—	—	—
Tea	.....	1	—	1	—	—	—
Tuna	.....	—	1	1	—	—	—
Vegetable shortening	—	—	1	1	—	—	—
Vinegar	.....	1	—	1	—	—	—
Whisky	.....	3	—	3	—	—	—
White sauce mix	.....	—	1	1	—	—	—
Totals	.....	42	45	87	1	4	5

* Samples analysed following complaint.

UNSATISFACTORY SAMPLES

<i>Article</i>	<i>Adulteration</i>	<i>Comments</i>
Apricots in syrup.	Metallic taste. Tin 190 parts per million. Iron 70 parts per million.	Contents of can had at-tacked tin plate. No legal action possible.
Mixture of flour, vegetable shortening and margarine.	Contained numerous short hair-like fibres of vegetable origin.	Origin of fibres uncertain. No action taken.
Pork sausages.	Preserved with 180 parts per million of sulphur dioxide.	A permitted preservative but no declaration of use of preservative in shop. Warning to shopkeeper to display notice.

Sliced white loaf.	Dark areas of foreign matter in crumb.	Foreign matter consisted of edible vegetable grease used in bakehouse machinery. Warning to manufacturers concerned.
Sliced white loaf.	—ditto—	—ditto—

FOODSTUFFS SURRENDERED OR CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION								<i>lbs.</i>	<i>ozs.</i>
Canned fruit	.....	.....	.....	.....	.....	.....	.....	17	3
Canned jam	.....	.....	.....	.....	.....	.....	.....	22	4
Canned meat	.....	.....	.....	.....	.....	.....	.....	3,086	5
Miscellaneous canned goods	.....	.....	.....	.....	.....	.....	.....	54	12¼
Fish	.....	.....	.....	.....	.....	.....	.....	352	0
Meat	.....	.....	.....	.....	.....	.....	.....	827	12
Potatoes	.....	.....	.....	.....	.....	.....	.....	1,512	0
Shellfish	.....	.....	.....	.....	.....	.....	.....	68	0
Miscellaneous other goods	.....	.....	.....	.....	.....	.....	.....	784	8
Total								6,724	12¼

LEGAL PROCEEDINGS

<i>Law contravened</i>	<i>Offence</i>	<i>Result</i>					
		<i>Fine</i>			<i>Costs</i>		
Food & Drugs Act, 1955, Section 2	Selling a Banbury cake containing a metal staple	£10	10	0	£2	2	0
	Selling a mouldy cherry cake	£15	0	0	£3	3	0
	Selling a cake containing a piece of string	£3	0	0	£2	2	0
	Selling a tin of peaches containing a cricket	£10	0	0	£5	5	0
	Selling mouldy cakes	£15	0	0	jointly	£5	5 0
	Selling a mouldy pork pie	£10	0	0			
	Selling mouldy steak and kidney pies	£10	0	0	£2	2	0
	Selling a mouldy chocolate layer cake	£10	0	0	£5	5	0
	Selling bacon contaminated with blowfly and fly eggs	£10	0	0	£3	3	0
	Selling a portion of frozen chicken containing a blowfly	Absolute discharge			£5	5	0
	Selling mouldy fancy cakes	£7	0	0	£2	2	0
	Selling mouldy fancy cakes	£5	0	0	—	—	—
	Selling a mouldy pork pie	£5	0	0	£2	2	0
	Selling mouldy steak pies	£5	0	0	£1	1	0
	Selling milk in a dirty bottle	£10	0	0	£5	5	0
	Selling a mouldy cherry cake	£10	0	0	£1	1	0
	Selling a mouldy chocolate eclair	£10	0	0	£5	5	0

Food & Drugs Act, 1955, Section 8	Having in possession for sale bacon joints con- taminated with blowfly larvae	£25 0 0	£5 5 0
Food Hygiene (General) Regulations, 1960	Shop — Dirty premises and equipment	£14 0 0	£3 3 0

SUMMARY OF LEGAL PROCEEDINGS

Prosecutions ordered by Council	21
Cases heard in Magistrates' Court	19
Prosecution not proceeded with because small child a principal witness	1
Cases remaining to be dealt with on 31.12.64	1

Prevention of Atmospheric Pollution (Clean Air Act, 1956)

SMOKE CONTROL AREAS

<i>Area Number</i>	<i>Location</i>	<i>Acreage</i>	<i>Operative date</i>	<i>Dwelling houses</i>	<i>Other Properties</i>
1.	Mark Hall North, South and part of Netteswell	865	1.11.61	5,109	129
2.	Hare Street and Little Parndon, including The High, Wych Elm, Burnt Mill and The Pinnacles	1,074	1.11.63	3,309	234
3.	Great Parndon, Kingsmoor, Stewards and Passmores	1,620	1.11.63	648	14
4.	Tye Green, Brays Grove, Latton Bush and Potter Street	1,006	1.11.64	6,365	126
Total:		5,195		15,431	503

Atmospheric Conditions

	<i>Air Temperature (Fahrenheit)</i>			<i>Rainfall in inches</i>	<i>Smoke and sulphur dioxide in micrograms per cubic metre</i>	
	<i>A</i>	<i>B</i>	<i>C</i>		<i>Site: Town Hall</i>	
	<i>Mean Min.</i>	<i>Mean Max.</i>	<i>Mean of A & B</i>		<i>Smoke</i>	<i>SO₂</i>
January	30.2	45.2	37.7	1.03	80	144
February	34.0	45.5	39.7	1.01	69	112
March	35.0	45.8	45.8	2.91	44	75
April	40.2	53.9	47.0	2.69	27	96
May	47.0	67.7	57.3	1.17	17	15
June	49.4	67.5	58.4	3.30	17	58
July	52.7	73.8	63.2	2.04	15	71
August	50.7	73.2	61.9	0.88	18	72
September	45.9	71.3	58.6	0.44	26	60
October	37.7	57.7	47.7	0.92	63	168
November	38.4	52.3	45.3	1.40	49	146
December	31.5	43.8	37.6	1.42	63	162

The meteorological data were supplied by the Harlow Development Corporation. Observations of smoke and sulphur dioxide were made at the Public Health Department.

Rodent Control (Prevention of Damage by Pests Act, 1949)

Complaints received	.....	.....	.....	.....	.....	.....	.....	.....	201
Properties inspected	.....	.....	.....	.....	.....	.....	.....	.....	721
Total number of inspections	.....	.....	.....	.....	.....	.....	.....	.....	3,101
Properties found infested and subsequently treated	.....	.....	.....	.....	.....	.....	.....	.....	704
(Rats — 685, Mice — 19)									
Properties where no evidence of infestation was found	.....	.....	.....	.....	.....	.....	.....	.....	17
Total number of infestations treated (in some instances properties became re-infested after treatment)	.....	.....	.....	.....	.....	.....	.....	.....	723
Contracts entered into	.....	.....	.....	.....	.....	.....	.....	.....	58
Sewer manholes baited (infestation found in 10)	.....	.....	.....	.....	.....	.....	.....	.....	23

Offices, Shops & Railway Premises Act, 1963

<i>Class of premises</i>	<i>Number of premises registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of registered premises receiving a general inspection during the year.</i>
Offices	97	97	14
Retail shops	253	251	21
Wholesale shops, warehouses	12	12	—
Catering establishments open to the public, canteens	27	27	2
Fuel storage depots	3	3	—

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

<i>Class of workplace</i>	<i>Number of persons employed</i>
Offices	1,646
Retail shops	1,758
Wholesale departments, warehouses	285
Catering establishments open to the public	288
Canteens	30
Fuel storage depots	12
Total	4,019

Total males: 1,865

Total females: 2,154

Number of visits of all kinds by inspectors to registered premises 41

Factories — Factories Act, 1961

(a) Inspections

	<i>Number on register</i>	<i>Inspections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	6	10	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	132	29	3	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	45	22	1	—
	183	61	4	—

(b) Cases in which defects were found

			Referred		Number of
	Found	Remedied	to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1.)	2	2	—	—	—
Overcrowding (S.2.)	—	—	—	—	—
Unreasonable temperature (S.3.)	—	—	—	—	—
Inadequate ventilation (S.4)	2	2	—	—	—
Ineffective drainage of floors (S.6.)		—	—	—	—
Sanitary conveniences (S.7.)					
(i) Insufficient	1	1	—	—	—
(ii) Unsuitable or defective	—	—	—	—	—
(iii) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
	5	5	—	—	—

(c) Outwork

Two hundred and twenty outworkers were on the register at 31st December 1964 and were engaged mainly on work in connexion with wearing apparel.

Summary of other work carried out by Public Health Inspectors

Complaints investigated and action taken	450
Intimation notices served	115
Statutory notices served	Nil
Statutory notices complied with	Nil
Inspections of food premises, including food shops, bakehouses, market stalls and itinerants' vans	1,574
Inspections of shops other than food shops	28
Inspections of premises in connexion with duties under the Petroleum (Consolidation) Act, 1928	116
Inspections of hairdressers' establishments	31
Inspections of swimming pools	52
Inspections of schools — general	9
Inspections in connexion with refuse collection	55
Inspections of drainage	124
Visits in connexion with infectious diseases	1,373
Visits in connexion with caravans	18
Visits in connexion with complaints and nuisances (other than housing matters)	111
Visits in connexion with insect and pest infestations	151
Visits in connexion with Smoke Control Areas	1,043
Visits in connexion with other duties under Clean Air Act, 1956	605
Inspections of places of entertainment	5
Visits in connexion with water supplies	10
Sundry other visits	12

COUNTY COUNCIL HEALTH SERVICES

Child Welfare Clinics

Number of clinic sessions held	.....	.....	.....	.....	.....	.....	588
Number of health visitors' consultative sessions	.....	.....	.....	.....	.....	.....	170
Number of children by year of birth who attended for the first time:							
1959	.....	.....	.....	.....	.....	.....	154
1960	.....	.....	.....	.....	.....	.....	142
1961	.....	.....	.....	.....	.....	.....	248
1962	.....	.....	.....	.....	.....	.....	616
1963	.....	.....	.....	.....	.....	.....	1,298
1964	.....	.....	.....	.....	.....	.....	1,550
Total number of attendances	.....	.....	.....	.....	.....	.....	29,499

Mothercraft and Relaxation Classes

Number of classes held	.....	.....	.....	.....	.....	.....	396
Number of women attending for the first time	.....	.....	.....	.....	.....	.....	420
Number of attendances	.....	.....	.....	.....	.....	.....	2,855

Midwifery

(a) <i>Clinics — ante- and post-natal</i>							
Number of sessions attended by midwives at G.P.s' clinics	.....	.....	.....	.....	.....	.....	740
Number of sessions attended by midwives at their own clinics	.....	.....	.....	.....	.....	.....	430
Number of women attending midwife's clinic who had not previously attended any other ante-natal clinic	.....	.....	.....	.....	.....	.....	379
(b) <i>Domiciliary work</i>							
Number of confinements attended							
(i) as midwives	.....	.....	.....	.....	.....	.....	707
(ii) as maternity nurses after early hospital discharge	.....	.....	.....	.....	.....	.....	327
Administration of analgesics							
(i) Gas and air or Trilene	— cases	.....	.....	.....	.....	.....	525
(ii) Pethidine or similar compound	— cases	.....	.....	.....	.....	.....	478

District Nursing

(a) <i>Clinics</i>							
Number of sessions attended	.....	.....	.....	.....	.....	.....	1,540
Number of new patients treated	.....	.....	.....	.....	.....	.....	3,711
Total attendances made by patients	.....	.....	.....	.....	.....	.....	11,810
(b) <i>Domiciliary work</i>							
Number of cases visited for the first time in 1964	.....	.....	.....	.....	.....	.....	744
Number of visits paid	.....	.....	.....	.....	.....	.....	15,730
Articles of sick-room equipment newly loaned	.....	.....	.....	.....	.....	.....	101

Health Visiting

(a) <i>Clinics and schools</i>							
Number of sessions attended at child welfare clinics and health visitors' advisory clinics	.....	.....	.....	.....	.....	.....	869
Number of sessions attended at ante-natal and mothercraft clinics	.....	.....	.....	.....	.....	.....	714
Number of sessions attended at school clinics	.....	.....	.....	.....	.....	.....	114
Number of sessions attended at schools	.....	.....	.....	.....	.....	.....	634
(b) <i>Domiciliary work</i>							
Children under 5 years visited for the first time in 1964	.....	.....	.....	.....	.....	.....	5,592
Persons over 65 years visited for the first time in 1964	.....	.....	.....	.....	.....	.....	119
Others visited for the first time in 1964	.....	.....	.....	.....	.....	.....	739

Total number of effective visits	.....	.....	.....	.....	11,853
(Children under 5 years	—	10,475)			
(Persons over 65 years	—	311)			
(Others	—	1,067)			
(c) <i>Tests for phenylketonuria</i>					
Children tested at home or clinic	.....	.....	.....	.....	1,726
Special visits to homes to collect urine specimens	.....	.....	.....	.....	337
(d) <i>Tuberculosis visiting</i>					
Number of chest clinic sessions attended by tuberculosis visitor					308
Households visited for the first time in 1964	.....	.....	.....	.....	413
Total number of visits	.....	.....	.....	.....	691

Chiropody

<i>Categories of patients</i>	<i>New cases</i>	<i>Clinic attendances</i>	<i>Domiciliary treatment</i>	<i>Treatment at old people's home</i>
Physically handicapped	6	28	16	—
Aged over 65 years	117	2,361	529	233
Others	7	74	8	—
Total	190	2,463	553	233

Domestic Help

<i>For whom provided</i>	<i>New cases</i>	<i>All cases</i>	<i>Number of hours</i>
Persons aged 65 years and over	57	401	23,112
Maternity cases	146	163	5,661
Chronic sick under 65 years	22	83	4,239
Others under 65 years	49	96	8,672
Total	274	743	41,684

Night attendance : 1 case — 17 hours.

Immunizations (other than B.C.G.)

Smallpox	.....	.....	.....	.....	.....	.....	.....	1,128
Re-vaccinations	.....	.....	.....	.....	.....	.....	.....	309
Diphtheria/pertussis/tetanus	.....	.....	.....	.....	.....	.....	.....	1,620
Booster doses	.....	.....	.....	.....	.....	.....	.....	670
Diphtheria/tetanus	.....	.....	.....	.....	.....	.....	.....	77
Booster doses	.....	.....	.....	.....	.....	.....	.....	485
Diphtheria	.....	.....	.....	.....	.....	.....	.....	8
Booster doses	.....	.....	.....	.....	.....	.....	.....	710
Tetanus	.....	.....	.....	.....	.....	.....	.....	369
Booster doses	.....	.....	.....	.....	.....	.....	.....	332
Poliomyelitis—Salk vaccine	.....	.....	.....	.....	.....	.....	.....	Nil
Booster doses	.....	.....	.....	.....	.....	.....	.....	4
—Sabin oral vaccine	.....	.....	.....	.....	.....	.....	.....	2,374
Booster doses	.....	.....	.....	.....	.....	.....	.....	922

B.C.G. Vaccination (School children only)

Number to whom offered	.....	.....	.....	.....	.....	.....	.....	1,168
Number who accepted	.....	.....	.....	.....	.....	.....	.....	908

Percentage of acceptance	.....	.....	.....	.....	.....	.....	.....	77.7
Number tuberculin tested	.....	.....	.....	.....	.....	.....	.....	821
Number found to be positive	.....	.....	.....	.....	.....	.....	.....	58
Number vaccinated with B.C.G.	.....	.....	.....	.....	.....	.....	.....	737

Number of Staff examined by Assistant County Medical Officers

(a) Entrants to County Council service	.....	.....	.....	.....	.....	.....	.....	355
(b) Persons retiring on superannuation	.....	.....	.....	.....	.....	.....	.....	1
(c) Teachers and applicants for admission to Teachers' Training Colleges								72

APPENDIX

INFECTIOUS HEPATITIS IN HARLOW

Infectious hepatitis, which is an acute viral disease characterized by general malaise, fever, nausea, loss of appetite, abdominal discomfort and often jaundice, has a world-wide distribution. Its incidence in this country is not known because, except for a few areas including Harlow, it is not notifiable. In these areas and in countries where infectious hepatitis is reported there is evidence that the disease is becoming more prevalent. However, statistics cannot be accurate because, apart from cases which medical practitioners fail to report, many others that are anicteric (without jaundice) escape diagnosis. Moreover, homologous serum hepatitis, a disease clinically indistinguishable from infectious hepatitis, is usually confused with and reported as the latter.

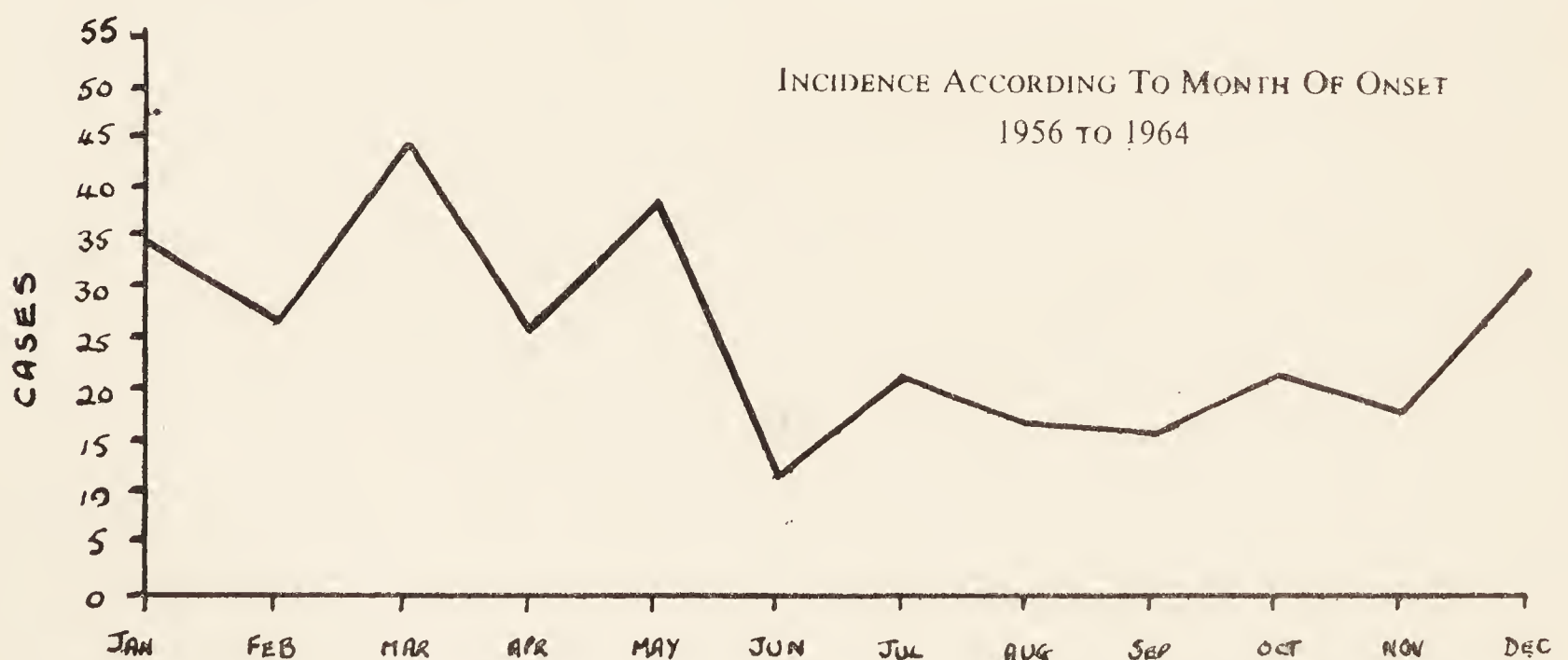
In Harlow 310 cases of infectious hepatitis were notified during the years 1956 to 1964. Table I shows the number of cases reported each year and the rate per 1,000 population. It will be seen that the incidence ranged from 0.1 to 1.4 per 1,000 with peaks in 1957, 1961 and 1964.

TABLE I—CASES OF INFECTIOUS HEPATITIS AND INCIDENCE RATE

<i>Year</i>				<i>Number of cases</i>	<i>Incidence per 1,000 population</i>
1956	.....	.....	.....	9	0.3
1957	.....	.....	.....	49	1.4
1958	.....	.....	.....	36	0.9
1959	.....	.....	.....	4	0.1
1960	.....	.....	.....	29	0.6
1961	.....	.....	.....	63	1.1
1962	.....	.....	.....	5	0.1
1963	.....	.....	.....	33	0.5
1964	.....	.....	.....	82	1.3

A study of the morbidity of infectious hepatitis shows not only considerable variations between countries where the disease is notifiable but also differences in the incidence rate from year to year in the individual countries. For instance, in 1962 morbidity was 0.05 per 1,000 population in Belgium and 2.1 in Czechoslovakia, and records of 22 countries over a period of 13 years reveal in some of these countries epidemic peaks similar to those observed in Harlow. (1)

Most of the available statistics show that the attack rate of infectious hepatitis is highest in autumn or winter; in Harlow it was between December and March. (Graph)



The age and sex distribution of the cases (Table II) confirms observations made elsewhere that the greatest susceptibility to infection is at the age of five to nine years; both sexes were affected about equally.

TABLE II—AGE AND SEX DISTRIBUTION OF CASES 1956-1964

	0—	5—	10—	15—	20—	25—	30—	35—	40—	45—	50+	Unknown	Total
Male	10	63	34	5	7	7	11	8	3	—	3	—	151
Female	5	63	24	10	6	12	22	10	3	2	1	1	159
Total	15	126	58	15	13	19	33	18	6	2	4	1	310

The number of children in the five to nine years age group resident in Harlow is known only for the census year 1961. On the basis of this figure the attack rate at that age was then 3.4 per 1,000 compared with 1.1 per 1,000 for all ages.

In 1964, 88 cases were notified but the onset of six was in December 1963. This leaves 82 cases of which one was anicteric. (Table III)

TABLE III—AGE AND SEX DISTRIBUTION OF CASES 1964

Age	0—	5—	10—	15—	20—	25—	30—	35—	40—	45—	50+	Unknown	Total
Male	3	21	10	1	—	1	3	4	—	—	—	—	43
Female	1	12	6	5	2	2	7	2	1	—	1	—	39
Total	4	33	16	6	2	3	10	6	1	—	1	—	82

The distribution of the cases in the town is shown in Table IV.

TABLE IV—GEOGRAPHICAL DISTRIBUTION OF CASES—1964

<i>Ward</i>	<i>No. of cases</i>	<i>Ward</i>	<i>No. of cases</i>
Netteswell	 40	Little Parndon	 3
Tye Green	 18	Mark Hall North	 2
Hare Street	 5	Latton Bush	 2
Old Harlow	 5	Great Parndon	 2
Mark Hall South	 3	Potter Street	 2

Forty-nine of the 82 cases were in school children and one in a teacher. Table V gives the incidence in the various schools by month of onset.

TABLE V —DISTRIBUTION OF CASES IN SCHOOLS—1964

<i>School</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>Jun.</i>	<i>Jul.</i>	<i>Aug.</i>	<i>Sep.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total</i>
Abbotsweld Jnr.	—	—	—	1	—	—	—	—	—	—	—	—	1
Broadfields Inf.	—	1	—	—	—	1	—	1	—	—	1	—	4
Broadfields Jnr.	1	—	—	2	2	1	—	—	—	—	3	—	9
The Downs Inf./Jnr	2	2	3*	—	1	1	—	—	—	—	—	—	9
Fawbert & Barnards													
Inf./Jnr.	—	—	1	—	—	—	—	—	—	—	—	—	1
Latton Green Inf.	—	—	—	1	—	—	—	—	—	—	—	—	1
Latton Green Jnr.	1	—	—	—	—	—	—	—	—	—	—	—	1
Hare Street Jnr.	—	—	—	—	—	—	—	—	—	—	1	1	2
Mark Hall C.S.	—	1	—	—	—	2	—	—	—	1	—	—	4
Rivermill Jnr.	—	—	—	—	—	—	—	—	—	—	1	—	1
Spinney Jnr.	1	—	—	—	—	—	—	—	—	—	—	—	1
Waterhouse Moor Jnr.	—	—	—	—	—	—	—	1	—	1	1	—	3
Wm. Martin Inf.	—	—	—	1	—	—	—	—	—	—	—	—	1
Wm. Martin Jnr.	1	1	1	—	1	1	1	—	—	1	1	1	9
Passmores C.S.	—	—	—	—	—	—	—	—	—	—	2	—	2
School outside Harlow	—	—	—	1	—	—	—	—	—	—	—	—	1
Total	6	5	5	6	4	6	1	2	—	3	10	2	50

* One school-teacher.

It is very difficult to establish with accuracy how long the pre-icteric phase of infectious hepatitis lasts because symptoms are sometimes vague and are either not remembered or not properly recorded. The analysis of 81 cases (Table VI) points to a duration of seven days as being the most common at all ages.

TABLE VI—DURATION OF PRODROMAL SYMPTOMS ACCORDING TO AGE—1964

DURATION IN DAYS

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Unknown	Total Cases
0-	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	3
5-	-	2	6	4	1	3	7	4	-	1	1	-	-	1	3	33
10-	1	1	2	2	2	2	3	-	1	1	-	-	1	-	-	16
15-	-	-	2	-	1	-	2	-	-	1	-	-	-	-	-	6
20-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	2
25-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1	3
30-	-	1	1	1	3	-	3	1	-	-	-	-	-	-	-	10
35-	1	-	2	-	2	1	-	-	-	-	-	-	-	-	-	6
40-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
45-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Total	2	5	15	8	11	6	16	5	1	4	1	-	1	2	4	81

One anicteric case is not included.

The duration of jaundice is shown in Table VII. It will be seen that in 42 cases (51.8%) it was under two weeks and in 11 cases (13.6%) it exceeded four weeks. Amongst the latter there were nine patients aged 20 years and over and only two below that age.

TABLE VII—DURATION OF JAUNDICE IN DAYS—1964

Age	0-7	8-14	15-21	22-28	29-35	35+	Total
0-	3	-	-	-	-	-	3
5-	7	14	6	6	-	-	33
10-	5	6	1	2	1	1	16
15-	1	3	1	1	-	-	6
20-	-	-	1	-	1	-	2
25-	-	-	1	-	1	1	3
30-	-	1	2	4	3	-	10
35-	-	2	1	1	1	1	6
40-	-	-	-	-	1	-	1
45+	-	-	-	1	-	-	1
Total	16	26	13	15	8	3	81

One case in the 0-4 age group was anicteric.

The incubation period of infectious hepatitis is generally considered to be between 15 and 50 days. This distinguishes it from homologous serum hepatitis which, besides being a more severe disease, has an incubation of 60 to 180 days. Because of the difficulty of ascertaining contact between the cases, only those which occurred in the same household were analysed. There were 32 such cases distributed amongst 12 households. (Table VIII).

TABLE VIII—MULTIPLE CASES IN HOUSEHOLDS—1964

No. of cases in household	No. of households	Total cases
4	1	4
3	6	18
2	5	10

In one of the family outbreaks the date of onset of the first case could not be established with any degree of reliability. In the remaining 11 cases the incubation was taken as the interval between the first case (index case) and the one following it. (Table IX).

TABLE IX—INCUBATION PERIOD

<i>Incubation in days</i>	0-10	10-20	21-30	31-40	41-50	50+
Number of family outbreaks	4	1	2	2	1	1

In two family outbreaks with four cases the interval between the cases was three and four days respectively. It must therefore be assumed that each pair of patients was infected at the same time from an outside source. There is also some uncertainty about the incubation period in three further family outbreaks where the interval between the index case and the next in order of appearance was nine days in two households and ten days in the third. In one household with two cases the interval between them was nearly seven months and they must be considered as being unrelated. In the remaining cases an incubation period of between 27 and 50 days was established.

There were no fatal cases in the 1964 series analysed and only one patient, a woman of 36 years, complained of abdominal pain, dyspepsia and lassitude seven months after the onset of illness.

Liver function tests were carried out in ten of the 82 cases at varying stages of the illness and mostly only once. The results were characteristic of viral hepatitis and showed nothing else of significance.

According to some research workers, 2-5% of all cases reported as infectious hepatitis are in fact homologous serum hepatitis. In the latter the virus is transmitted from person to person through blood or blood products by means of transfusions or contaminated instruments such as hypodermic needles, syringes, dental instruments, etc.

In the Harlow series there were 13 cases which within six months prior to the onset of illness had undergone some treatment which could have resulted in infection with serum hepatitis virus. One had a blood transfusion, six various injections and five had dental treatment, in some cases with local anaesthesia.

In five cases the interval between the therapeutic procedure and onset of illness was too short for serum hepatitis and in two further cases the disease was very mild and of short duration. In the other cases the possibility of homologous serum hepatitis could not be ruled out.

The above survey was intended merely to collect morbidity data relating to infectious hepatitis in Harlow. The pattern of the disease which emerges does not differ from that expected. It is generally accepted that whilst transmission by inhalation is possible, in most cases it is by the intestinal-oral route by means of hands, water or food contaminated by faeces. Large outbreaks in communities with poor standards of hygiene confirm this, but why the incidence of the disease should be on the increase in countries with a high standard of living is not clear and needs elucidation.

A further problem requiring solution is finding a practical way of controlling the infection. It is known that the virus is excreted in the faeces for at least a fortnight before the onset of symptoms. This, in addition to the existence of many anicteric and even asymptomatic cases, makes the prevention of spread of the disease extremely difficult.

Reference

- (1) World Health Organization European Symposium on Viral Hepatitis, Prague. 1964.

